

**OFFICE OF APPLIED STUDIES**

**Year-End 1997  
Emergency Department Data  
from the  
Drug Abuse Warning Network**



**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration**



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# HIGHLIGHTS

**T**he Drug Abuse Warning Network (DAWN) is a national probability survey of hospitals with emergency departments (EDs) conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA). The survey is designed to capture data on ED episodes that are induced by or related to the use of an illegal drug or the nonmedical use of a legal drug. **Therefore, DAWN data do not measure prevalence of drug use in the population.** Analyses in this report focus on comparisons between 1997 estimates and estimates for the previous 2 years, as well as long-term trends in drug mentions between 1990 and 1997. Data from 1995 onward reflect improvements that were made recently to the estimation system. **Findings are statistically significant unless stated otherwise.**

The following trends were observed between 1997 and earlier years:

## Drug Episodes vs. Drug Mentions

***Drug-Related Episode:*** A drug episode is an ED visit that was induced by or related to the use of an illegal drug(s) or the nonmedical use of a legal drug for patients age 6 years and older.

***Drug Mention:*** A drug mention refers to a substance that was mentioned during a drug-related ED episode. Because up to 4 drugs can be reported for each drug abuse episode, there are more mentions than episodes cited in this report.

## TOTAL DRUG-RELATED EPISODES

- In 1997, there were 527,058 ED episodes and 943,937 ED drug mentions. Nationally, ED episodes and mentions remained relatively stable from 1995 through 1997 (Table 2).
- No statistically significant changes occurred in total drug-related ED episodes for any gender or race/ethnicity subgroup, nor by drug use motive from 1995 to 1997 (Table 18).
- Total ED episodes for young adults age 18 to 25 increased 6 percent (from 98,625 and 104,647) between 1996 and 1997, when episodes for this age group returned to 1995 levels (Table 18).
- Between 1995 and 1997, 3 of the 21 metropolitan areas covered by DAWN – San Diego, Chicago, and Dallas – had significant increases in total drug-related ED episodes, while 5 metropolitan areas – Atlanta, Boston, Baltimore, New Orleans, and Phoenix – had significant decreases (Table 18).

## COCAINE

- Cocaine-related episodes constituted 31 percent of all ED drug episodes in 1997, more than any other single substance measured by DAWN (Table 2).
- Cocaine mentions increased 19 percent (135,801 to 161,087) between 1995 and 1997 (Table 22).

- ED episodes involving cocaine increased between 1995 and 1997 among several groups: youth age 12 to 17 (77%, from 2,051 to 3,630), adults age 35 and over (30%, from 57,348 to 74,602), white patients (25%, from 40,018, to 50,871), females (19%, from 44,679 to 53,357), and males (18%, from 89,698 to 106,181) (Table 22).
- From 1995 to 1997, cocaine mentions increased in Minneapolis (58%), Chicago (43%), San Diego (31%), Dallas (22%), New Orleans (17%), and Phoenix (15%). For the same period, cocaine mentions decreased in Boston (37%), Atlanta (35%), Baltimore (27%), and San Francisco (23%) (Table 8).

## **HEROIN/MORPHINE**

- Heroin/morphine-related episodes stabilized between 1995 (70,838) and 1997 (72,010), after more than doubling between 1990 (33,884) and 1995 (Table 24). However, heroin/morphine mentions increased 241 percent among youth age 12 to 17 (from 404 to 1,379). There were no significant changes for other age groups.
- Heroin/morphine mentions among Hispanic patients decreased 22 percent (from 11,767 to 9,234) between 1996 and 1997. This decrease returned mentions for this group to 1995 levels (Table 24).
- Heroin/morphine mentions increased between 1995 and 1997 in Dallas (87%), Chicago (83%), Miami (78%), Phoenix (70%), Minneapolis (60%), New Orleans (57%), Seattle (44%), San Diego (34%), Washington, DC (29%), and Detroit (27%) while heroin/morphine mentions decreased in Baltimore (29%) and Los Angeles (18%) (Table 10).

## **MARIJUANA/HASHISH**

- Marijuana/hashish-related episodes increased 43 percent (from 45,271 to 64,744) between 1995 and 1997, and statistically significant increases in marijuana/hashish mentions were found for all age and gender subgroups and for white and black patients (Table 26).

## **METHAMPHETAMINE/SPEED**

- The apparent decline in methamphetamine/speed mentions reported for 1996 did not persist. Methamphetamine/speed mentions increased 56 percent (from 11,002 to 17,154) between 1996 and 1997, when the number of mentions returned to 1995 levels (Table 2).
- Methamphetamine/speed mentions for all demographic subgroups were unchanged when comparing 1995 and 1997 (Table 28).

## **PCP/PCP COMBINATIONS**

- ED mentions of PCP/PCP combinations decreased 33 percent, from 6,237 in 1995 to 4,195 in 1997. There was no significant change between 1996 and 1997 (Table 2).

## LSD

- No statistically significant changes occurred in LSD mentions from 1995 (4,569) to 1997 (5,219) (Table 2).

## NON-MEDICAL USES OF LEGAL DRUGS

Not all cases involving legal prescription or over-the-counter (OTC) drugs are reportable to DAWN. DAWN cases do **not** include accidental ingestion or inhalation of a substance with no intent of abuse, or adverse reactions to prescription or OTC medications taken as prescribed. Accidental overdoses of OTC or prescription drugs taken as directed are reportable when used in combination with an illicit drug. Alcohol is reportable only when used in combination with another drug.

- Mentions of alcohol-in-combination occurred in 33 percent (171,982) of ED drug episodes in 1997. Mentions of alcohol-in-combination were stable from 1995 to 1997 (Table 2).
- Between 1995 and 1997, statistically significant decreases were noted for several prescription and OTC drugs, including imipramine, ibuprofen, hydantoin, lithium carbonate, triazolam, phenobarbital, and thioridazine. Between 1996 and 1997, significant decreases were noted also for haloperidol and OTC sleep aids. A 43 percent increase (from 3,393 to 4,857 mentions) occurred for the opioid analgesic oxycodone from 1995 to 1997 (Table 2).





# INTRODUCTION

This report presents information on drug-related emergency department (ED) episodes collected through the Drug Abuse Warning Network (DAWN) for calendar year 1997. Since late 1992, DAWN data collection and reports publication have been the responsibility of the Office of Applied Studies (OAS) at the Substance Abuse and Mental Health Services Administration (SAMHSA). Earlier operation of DAWN and periodic reports from the data system were provided by the National Institute on Drug Abuse (NIDA) and, before that, by the Drug Enforcement Administration (DEA).

This report contains final estimates of drug-related ED episodes and specific drug mentions for each half-year period for 1992 through 1997 and for full years from 1990 through 1997. Final 1997 estimates are presented in this report for the first time. Another forthcoming publication – the 1997 Annual Report – will contain more detailed data tables.

This Year-End Report is similar in format to the Mid-Year 1997 Preliminary ED Report published in September 1998. Although both include estimates for the first 6 months of 1997, estimates shown in this report may differ slightly from those presented in the Mid-Year Report due to late reporting hospitals and revisions to the data weights for the present report (see Appendix A, Section III).

This introduction includes a brief overview of DAWN data collection and highlights issues for the reader to consider in interpreting DAWN data. This is followed by sections with specific focuses on trends in drug abuse episodes overall; trends in cocaine mentions; trends in heroin/morphine mentions; and trends in mentions of other illicit drugs, including marijuana/hashish, methamphetamine/speed, PCP, and LSD. A separate section summarizes trends in prescription and over-the-counter drug-related episodes reported to DAWN. This is followed by highlights in drug episode trends from the 21 metropolitan areas oversampled in DAWN.

The DAWN system also collects data on drug-related deaths from a nonrandom sample of medical examiners. Medical examiner data are published annually in separate reports, [e.g., *Drug Abuse Warning Network (DAWN) Annual Medical Examiner Data 1997*].

## OVERVIEW OF DAWN ED DATA

The DAWN system provides information on the health consequences of drug use in the United States as manifested by drug-related visits to hospital EDs. Hospitals eligible for DAWN are non-Federal, short-stay, general hospitals that have a 24-hour emergency department in the coterminous U.S. Since 1988, DAWN ED data have been collected from a representative sample of eligible hospitals located throughout the coterminous U.S., with oversampling in 21 metropolitan areas and a National Panel of hospitals sampled from locations outside these areas.

In 1997, the DAWN sample consisted of 604 eligible hospitals. Of these, 465 (77%) participated in the DAWN ED survey. The 1997 sample of hospitals submitted information on 164,062 drug abuse episodes with an average of 1.76 drug mentions per episode.

For this report, data have been weighted to produce estimates representing all ED drug episodes and drug mentions in the total coterminous U.S.<sup>1</sup> and in the 21 metropolitan areas (see Appendix A). For analysis, hospitals in the 21 metropolitan areas are sometimes classified by location – inside or outside the central city portion of those areas. The National Panel represents hospitals outside of the 21 metropolitan areas. Data for the 21 metropolitan areas are pooled with data from the National Panel to produce the national estimates.

## DATA COLLECTION METHODOLOGY

Within each facility that participates in DAWN, a designated DAWN reporter, who is usually a member of the ED or medical records staff, is responsible for reviewing medical charts to identify drug abuse episodes eligible for inclusion in DAWN. DAWN reporters rely on information from medical charts that originates with hospital staff who treated the patient. Ultimately, the accuracy and completeness of DAWN reports depend on the careful recording of information by the medical staff and on the accuracy and completeness of the information provided to the medical staff by the patient.

The DAWN reporter submits an episode report to the DAWN system for each drug abuse patient who visits a DAWN ED and meets certain criteria. To be included in DAWN, the patient presenting to the ED must be between the age of 6 and 97 and meet all 4 of the following criteria:

- The patient was treated in the hospital's ED;
- The patient's presenting problem(s) – i.e., the reason for the ED visit – was induced by or related to drug use, regardless of when the drug use occurred;
- The episode involved the use of an illegal drug or the use a legal drug or other chemical substance contrary to directions; and
- The patient's reason for using the substance(s) was dependence, suicide attempt or gesture, and/or psychic effects.

In addition to drug overdoses, reportable ED episodes may result from the chronic effects of habitual drug use or from unexpected reactions. Unexpected reactions reflect cases where the drug's effect was different than anticipated (e.g., caused hallucinations). DAWN cases do **not** include accidental ingestion or inhalation of a substance with no intent of abuse, or adverse reactions to prescription or over-the-counter medications taken as prescribed.

A single drug abuse episode may have multiple drug mentions. Up to 4 different substances can be recorded for each ED episode. Therefore, not every reported substance is, by itself, necessarily a cause of the medical emergency. On the other hand, substances that contributed to a drug abuse episode may occasionally go unreported or undetected. Even when only one substance is reported for an episode, an allowance should be made for reportable drugs not mentioned or for other contributory factors.

Alcohol use is reported to DAWN **only** when consumed in combination with a reportable substance.

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<sup>1</sup> The total conterminous U.S. consists of 48 contiguous states and the District of Columbia. Alaska and Hawaii are excluded.

In addition, each report of a drug-related ED episode includes demographic information about the patient and information about the circumstances of the episode (e.g., the date and time of the ED visit, the reason the patient came to the ED). For each drug mentioned, the DAWN report includes the form in which the drug was acquired (e.g., liquid, pieces), its source (e.g., street buy, patient's own legal prescription), and its route of administration (e.g., oral, injection). Only one reason for the ED contact and one reason for taking substances is recorded, regardless of the number of substances involved.

The number of ED episodes reported to DAWN is not equivalent to the number of individual patients, because one person may make repeated visits to an ED. DAWN data contain no personal identifiers, which would be required to estimate repeat visits.

## **CONSIDERATIONS WHEN INTERPRETING DAWN DATA**

When reporting and interpreting findings from this report, the reader needs to recognize what DAWN data are and what they are not. DAWN data do not measure the frequency or prevalence of drug use in the population, but rather the health consequences of drug use that are reflected in visits to hospital EDs. Moreover, estimates of drug episodes and mentions may increase or decrease for reasons unrelated to the size or characteristics of the drug-using population. The reader should consider the following when interpreting DAWN data estimates:

- DAWN data may be affected by data collection procedures and thereby reflect changes in hospital services or operations. A hospital in one city may open a new detoxification unit that diverts drug-related episodes away from the ED. Conversely, in another city, people may go to the ED to seek care for detoxification because they are unable to gain admission to a drug treatment facility or because they need medical certification before entering treatment.
- Estimates of drug-related ED episodes or mentions may be affected by reporting patterns. For example, a change to computer-based recordkeeping systems in a hospital ED could increase or decrease the number of ED visits identified as drug related.
- Greater awareness and knowledge of drug-related problems may result in a greater propensity for ED staff to record drug use in the ED record. Alternatively, the sensitivity of drug-related problems may reduce patients' willingness to disclose drug use and providers' willingness to record it in the permanent medical record.
- Estimates of drug-related ED episodes or mentions are affected if the weights applied to the data change in an irregular way. This might occur, for example, as a result of fluctuations in the response pattern of a substantial proportion of hospitals in a given metropolitan area. Review of the weights and data used in this report did not reveal any factors that are unduly responsible for the trends reported.
- Trends may be affected by additional factors concerning the sample composition. See Appendix B for more information regarding sampling.
- Graphs illustrating trends in drug mentions often use different scales for the vertical axis.

## INTERPRETATION OF STATISTICAL SIGNIFICANCE

The estimated numbers of episodes and mentions reported in detailed tables in this report are accompanied by  $p$ -values of statistical tests for differences between time periods. In tables presenting estimates for half years, the first and second halves of 1997 are compared, then the second half of 1996 is compared to the second half of 1997. In tables presenting estimates for full years, 1997 is compared to 1996 and also to 1995.

In describing statistically significant differences in this report, the traditional level of statistical significance ( $p$  less than 0.05) is used. The tables show both  $p$ -values and the direction of difference indicated by "+" and "-" signs.

Although tests for statistical significance are important tools in interpreting data, significance does not always imply that the difference is large or important. Small changes that are statistically significant may occur frequently at the metropolitan area level in DAWN due to the selection of all eligible hospitals (which constitutes a census) in Baltimore, Buffalo, Denver, San Diego, and San Francisco [see the 1994 Annual ED Data, Series I, Number 14-A, DHHS Pub. No. (SMA) 96-3104, page 10], along with sampling many other metropolitan areas at a high frequency. The closer the sample is to a census, the higher the likelihood that a change will be statistically significant, no matter how small it may be. While technically there is no sampling variability in the 5 areas noted, some variability is due to the hospitals' nonresponse, which is treated as sampling error in the variance calculations.

Nonsampling errors such as nonresponse and reporting errors may affect the outcome of significance tests. While  $p$  less than .05 significance level is used to determine statistical significance in the DAWN ED sample, large differences associated with slightly higher  $p$ -values (specifically those between .05 and .10) may be worth noting. On the other hand, statistically significant differences are not always meaningful, because the size of difference may be small or because the significance may have occurred simply by chance. In a series of twenty independent tests, it is to be expected that one test will indicate a significant difference merely by chance even if there is no real difference in the populations compared. The text often discusses more than one comparison within a given table (e.g., comparing percentages for different subgroups). However, we have made no attempt to adjust the level of significance to account for these multiple comparisons. Therefore, the probability of falsely rejecting the null hypothesis at least once in a family of comparisons is higher than the significance level given for individual comparisons (in this report, 0.05).

## CONSIDERATIONS WHEN READING DETAILED DATA TABLES

For many of the trends described in the text bullets of this report, the actual numbers cited are found in the cited source table. In other instances, typically when the trend is described as a percentage change, the statistic was derived from the cited source table.

In this report, estimates with relative standard errors (RSEs) of 50 percent or higher are regarded as too imprecise and are not published. With an RSE of 50 percent, the 95-percent confidence interval for an estimate ranges from 2 to 198 percent of the estimate's value. In the tables, the symbol "..." is substituted for estimates with an RSE of 50 percent or higher. The 3-

dot symbol identifies cells in which the estimates do not meet the standard of precision required for publication.

In addition, estimates of less than 10 are not shown. Although many estimates in this range may have RSEs of less than 50 percent, the reliability of the RSE estimates themselves is suspect. The 3-dot symbol "..." is also printed in the table cells where these values would have appeared. Percentages and population-based rates corresponding to these numbers are shown or suppressed according to the same rules and using the same symbols.

As described in Appendix A, the DAWN ED data for 1995 through 1997 were reweighted, reprogrammed, and data presentations improved during 1998. Given that relatively few statistically significant changes occurred between 1996 and 1997, this report often summarizes changes between 1995 and 1997, especially when a consistent trend prevailed over this 2-year period. In addition, the graphic presentations emphasize changes across the decade from 1990 through 1997.



# ANNUAL TRENDS IN TOTAL DRUG EPISODES

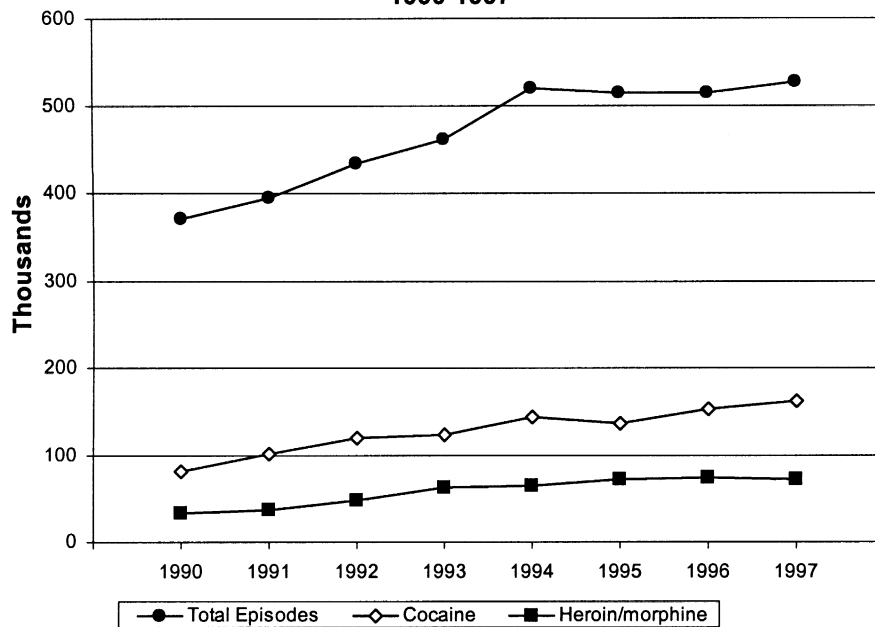
**T**his section presents annual estimates from the DAWN survey on the number of total drug-related ED episodes and mentions of particular drugs.

## What is Statistically Significant?

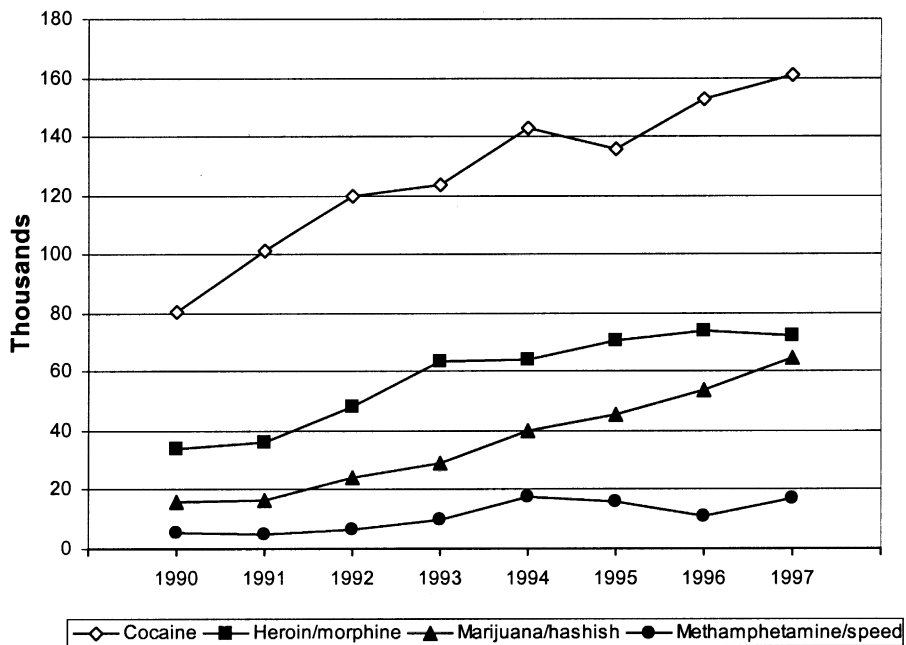
**DAWN reports consider a difference to be statistically significant if the associated  $p$ -value is less than 0.05. This indicates a 95 percent chance that the difference did not occur by chance alone.**

- Drug-related ED episodes in the U.S. have been relatively stable from 1995 to 1997, after increasing 42 percent, from 371,208 to 527,058, between 1990 and 1997 (Table 2 and Figure 1).
- Between 1990 and 1997, ED episodes related to several drugs have at least doubled: marijuana/hashish (312%), clonazepam (237%), methamphetamine/speed (228%), amphetamine (204%), trazodone (191%), hydrocodone (173%), carisprodol (132%), heroin/morphine (113%), and cocaine (100%). Among these, ED episodes increased significantly between 1995 and 1997 only for cocaine and marijuana/hashish, and between 1996 and 1997 only for marijuana/hashish and methamphetamine/speed (Table 2).
- Among the major illicit drugs of abuse, the most frequently mentioned in ED visits in 1997 (Table 2) were cocaine (31%, 161,087) followed by heroin/morphine (14%, 72,010), marijuana/hashish (12%, 64,744), and methamphetamine/speed (3%, 17,154). This rank ordering of illicit drug mentions has been constant since 1990 and is illustrated in Figure 2.
- In 1997, 58 percent of the total drug-related episodes occurred among patients age 6 to 34 years, and 41 percent occurred among patients age 35 years and older. This was unchanged from 1995. Between 1996 and 1997, the number of drug-related ED episodes increased 6 percent among those age 18 to 25, which returned episodes for this age group to 1995 levels. Episodes for other age groups remained stable from 1995 to 1997 (Table 18).
- In 1997, the racial/ethnic breakdown of total drug-related episodes was: white patients (54%), black patients (26%), and Hispanic patients (10%). Race was unknown or reported as "other" in 10 percent of episodes. From 1995 to 1997, there were no statistically significant changes in ED episodes by racial/ethnic group surveyed (Table 18).
- The proportion of total drug-related episodes involving males and females has remained relatively consistent since 1992. Between 1996 and 1997, no statistically significant changes occurred in the number of total drug episodes for males or females (Table 18).

**Figure 1**  
**Number of total drug-related episodes,**  
**cocaine mentions, and heroin/morphine mentions:**  
**1990-1997**



**Figure 2**  
**Number of illicit drug-related episodes by selected drugs:**  
**1990-1997**





- Between 1996 and 1997, total drug episodes decreased 5 percent in the central city portions of the 21 metropolitan areas represented in DAWN. Changes were not significant outside the central cities within the metropolitan areas nor for the National Panel, which represents EDs outside the DAWN metropolitan areas (Table 18).
- Among ED episodes, the most commonly reported motive for taking a substance was *suicide attempt or gesture* (191,481) which constituted 36 percent of all episodes in 1997. *Dependence* (178,561) and *recreational use* (56,075) were reported as motives in 34 percent and 11 percent, respectively, of all drug episodes in 1997. No statistically significant changes occurred in these data between 1995 and 1997. Motive was unknown or reported as "other" in 19 percent of episodes in 1997 (Table 18).
- The most frequently reported reason for a drug-related ED visit in 1997 was *overdose* (244,924), in 46 percent of all episodes. This marked a 10 percent decrease between 1995 and 1997. *Unexpected reaction* (68,687) increased by 20 percent and *chronic effects* (49,273) decreased by 18 percent between 1995 and 1997. *Seeking detoxification* (67,888) and *withdrawal* (15,176) constituted 13 and 3 percent of ED episodes, respectively, and were relatively unchanged between 1995 and 1997. In 1997, the reason for the drug-related ED visit was unknown or reported as "other" in 15 percent of episodes; this marked a 38 percent increase from 1995 (Table 18).

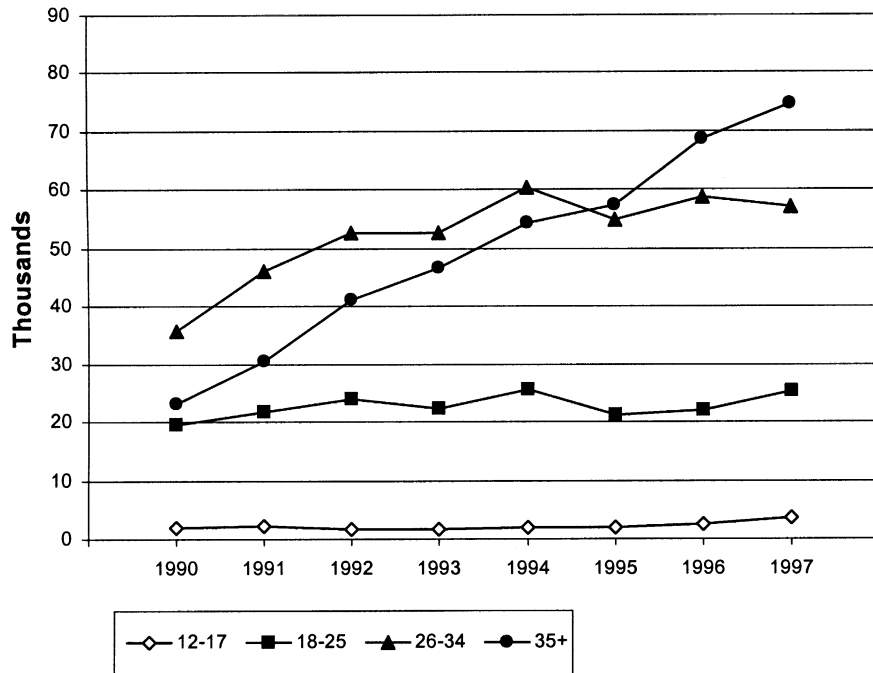


# ANNUAL TRENDS IN COCAINE MENTIONS

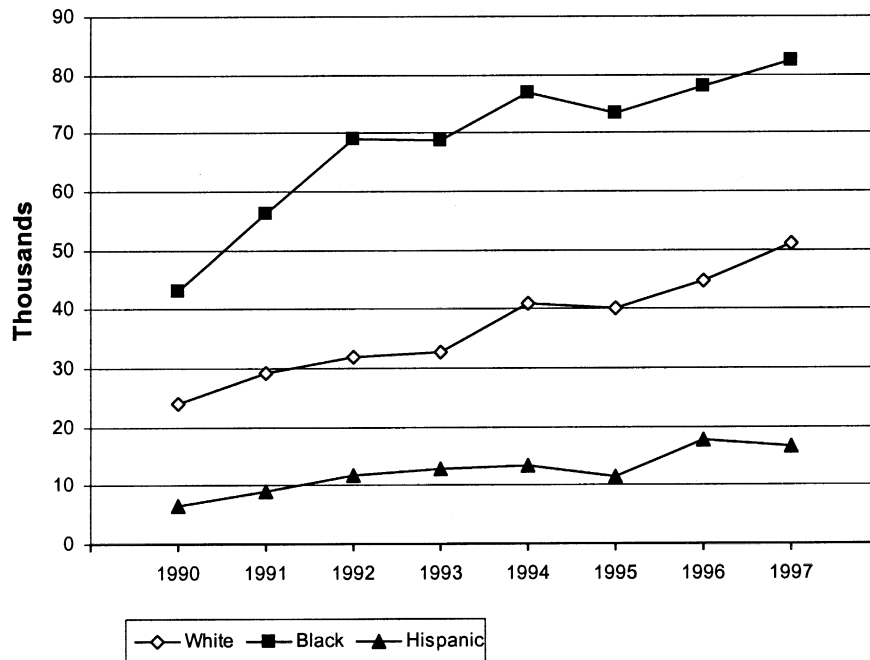
This section presents annual estimates of the number of cocaine mentions in drug-related ED episodes. Cocaine is sometimes used in combination with other drugs. Therefore, one ED episode can include mentions of one or more drugs.

- In 1997, cocaine was mentioned in 31 percent of all drug-related ED episodes (Table 2). Between 1995 and 1997, cocaine mentions increased 19 percent, from 135,801 in 1995 to 161,087 in 1997. The change in cocaine mentions between 1996 and 1997 was not statistically significant.
- In earlier years, cocaine mentions increased 77 percent from 80,355 in 1990 to 142,878 in 1994, then an additional 13 percent, from 1994 to 1997 (Table 22).
- Figure 3 illustrates that in 1997, 46 percent of cocaine mentions occurred in ED episodes of patients age 35 and older. Cocaine mentions for this age group increased 224 percent since 1990 and 30 percent since 1995, but there was no change for this age group between 1996 and 1997 (Table 22).
- There were no statistically significant changes in cocaine mentions among ED episodes for patients age 18 to 25 or 26 to 34 between 1995 and 1997 (Table 22).
- In 1997, only 2 percent of cocaine mentions occurred in ED episodes of patients age 12 to 17. However, cocaine mentions for this subgroup increased 77 percent from 2,051 in 1995 to 3,630 in 1997 (Table 22).
- In 1997, 66 percent of cocaine mentions occurred among ED episodes of males. Statistically significant increases occurred in cocaine mentions for both females (19%) and males (18%) between 1995 and 1997, but not between 1996 and 1997 (Table 22).
- Figure 4 illustrates that in 1997, 51 percent of cocaine mentions occurred in ED episodes of black patients, 32 percent of white patients, and 10 percent of Hispanic patients. Between 1995 and 1997, cocaine mentions increased 27 percent among white patients. Cocaine mentions were unchanged for black and Hispanic patients during the same time period (Table 22).
- From 1996 to 1997, cocaine mentions declined 7 percent in the central cities represented in DAWN. From 1995 to 1997, the National Panel showed a 36 percent increase in cocaine mentions (Table 22).
- Among cocaine-related episodes, *dependence* was the most commonly reported motive for drug use (62%) in 1997. *Recreational use* and *suicide attempt* accounted for 14 and 9 percent of reported motives, respectively. Fifteen percent of cocaine mentions had motives reported as unknown or "other" (Table 22).
- In 1997, the most frequently reported reasons for the ED episode in which cocaine was mentioned were *seeking detoxification* (30%) and *unexpected reaction* (20%). Another 17 percent had "other" or unknown reasons reported (Table 22).

**Figure 3**  
**Number of cocaine mentions by age:**  
**1990-1997**



**Figure 4**  
**Number of cocaine mentions by race/ethnicity:**  
**1990-1997**

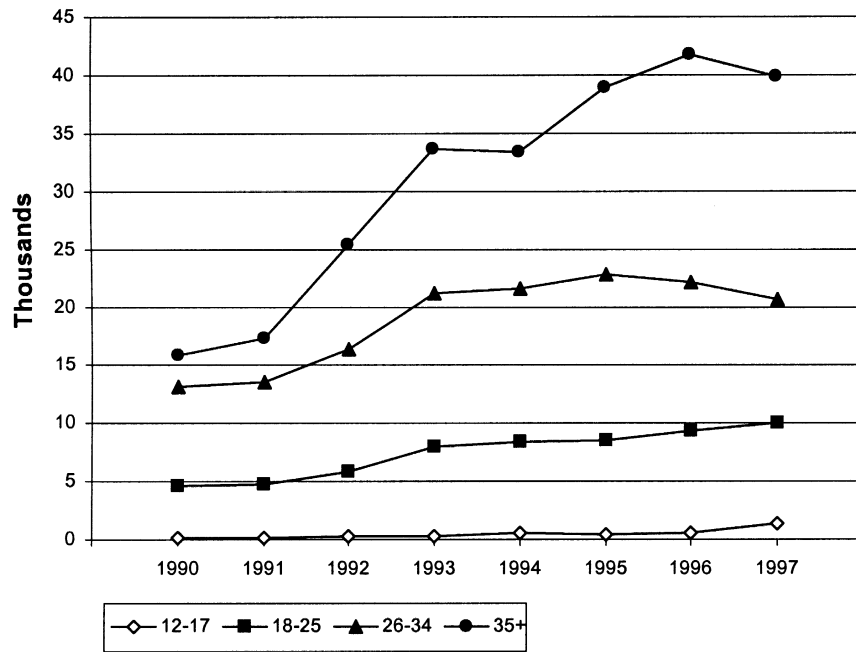


# ANNUAL TRENDS IN HEROIN/MORPHINE MENTIONS

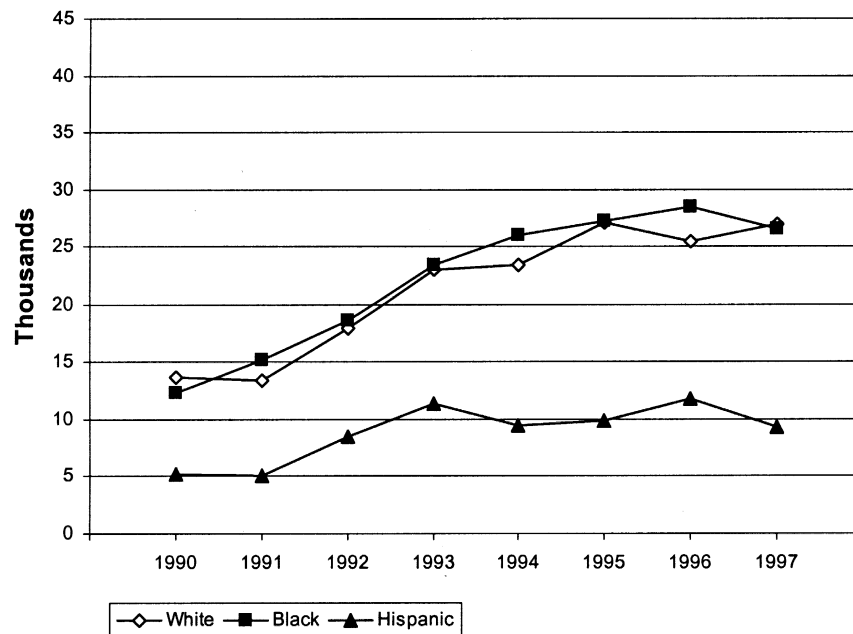
This section presents annual estimates of the number of heroin/morphine mentions in drug-related ED episodes. Heroin/morphine is sometimes used in combination with other drugs. Therefore, one ED episode can include mentions of one or more drugs.

- In 1997, 14 percent (72,010) of all drug-related episodes had mentions of heroin/morphine (Table 2). From 1990 to 1995, the number of heroin/morphine mentions more than doubled (from 33,884 to 70,838) (Table 24), but heroin/morphine mentions remained relatively constant from 1995 through 1997.
- Heroin/morphine mentions among ED episodes of patients age 35 and older increased 152 percent between 1990 and 1997 (Table 24). Patients age 35 and older constitute the majority (55% in 1997) of all heroin/morphine mentions.
- Although patients age 12 to 17 constitute only about 2 percent of heroin/morphine mentions, a statistically significant increase (241%) occurred for this age group between 1995 and 1997 (Figure 5). However, an apparent increase of 147 percent from 1996 to 1997 is not statistically significant (Table 24).
- In 1997, 67 percent of heroin/morphine mentions occurred among males. Since 1990, the number of heroin/morphine mentions has increased by 110 percent for males and 118 percent for females. However, no statistically significant changes occurred from 1995 through 1997 for either gender (Table 24).
- Figure 6 illustrates that in 1997, black and white patients each constituted 37 percent of heroin/morphine mentions. Hispanic patients were represented in 13 percent of heroin/morphine mentions. A statistically significant decrease of 22 percent between 1996 and 1997 returned mentions for this group to 1995 levels. Mentions by race need to be interpreted cautiously, as 13 percent of mentions with race were reported as "other" or unknown (Table 24).
- The majority (60%) of heroin/morphine mentions occurred inside the central cities represented in DAWN, followed by the National Panel (26%) and outside the central city (13%). No statistically significant increases or decreases occurred within these locations between 1995 and 1997 (Table 24).
- Among the heroin/morphine mentions in 1997, *dependence* accounted for 79 percent of the reported motives. *Suicide*, as a reported motive, increased 35 percent between 1995 and 1997, and constituted 5 percent of the mentions in 1997. Another 9 percent had motive reported as unknown or "other" (Table 24).
- In 1997, the most frequently reported reasons for ED visits with heroin/morphine mentions were *seeking detoxification* (28%), *chronic effects* (22%), and *overdose* (21%). Ten percent of heroin/morphine-related ED visits had "other" or unknown reasons reported (Table 24).

**Figure 5**  
**Number of heroin/morphine mentions by age:**  
**1990-1997**



**Figure 6**  
**Number of heroin/morphine mentions by race/ethnicity:**  
**1990-1997**



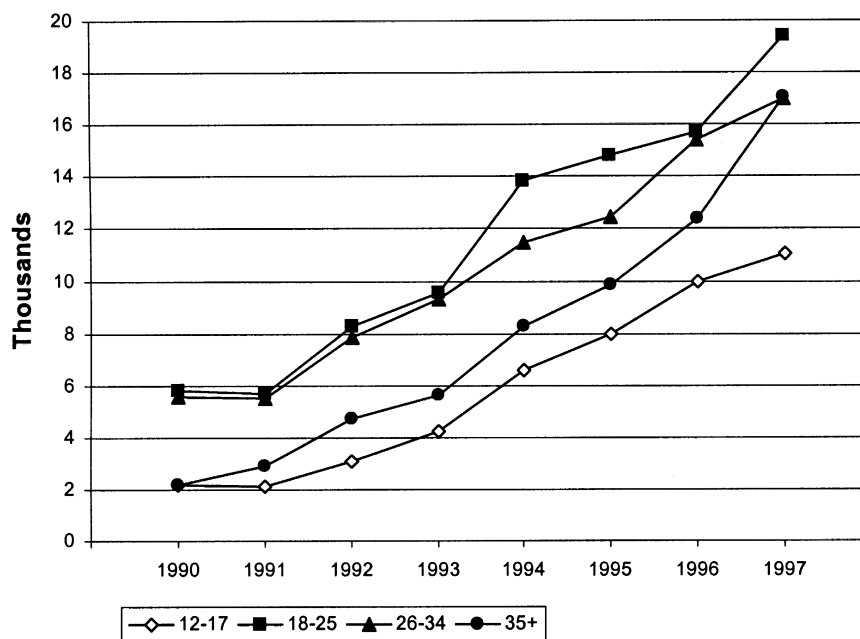
# ANNUAL TRENDS IN OTHER ILLICIT DRUG MENTIONS

## MARIJUANA/HASHISH

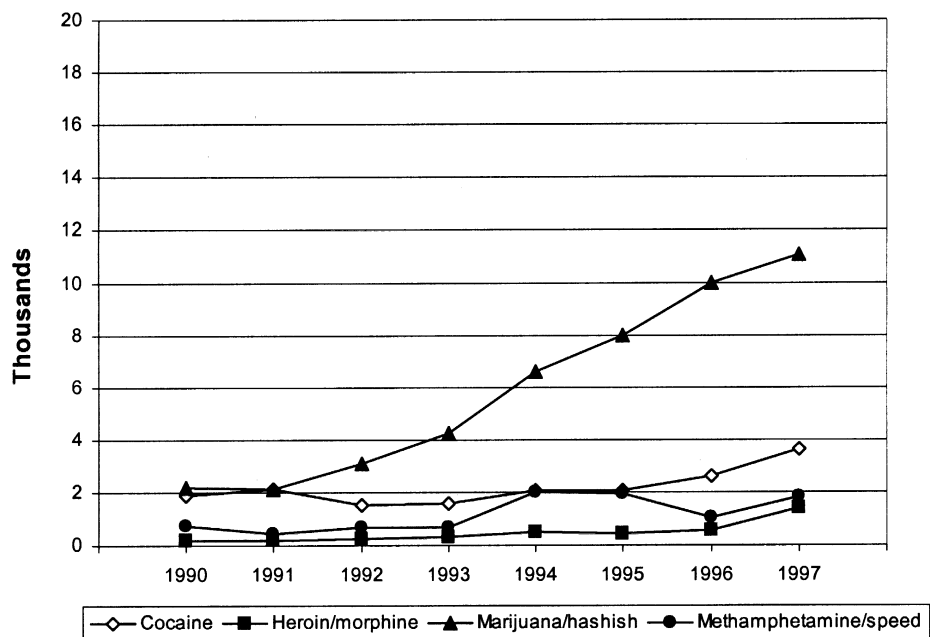
**W**hen reported as DAWN ED mentions, marijuana/hashish is likely to be mentioned in combination with other substances, particularly alcohol and cocaine. The following reports the number of marijuana/hashish mentions based on annual data from the DAWN survey.

- Total marijuana/hashish mentions increased 43 percent, from 45,271 in 1995 to 64,744 in 1997, and 312 percent from 15,706 in 1990 to 1997 (Table 26).
- Since 1991, marijuana/hashish mentions have increased steadily for all age groups (Figure 7). Between 1995 and 1997, statistically significant increases in the number of marijuana/hashish mentions were found among patients age 35 and older (73%), 12 to 17 (39%), 26 to 34 (36%), and 18 to 25 (31%) (Table 26).
- Marijuana/hashish mentions among ED patients age 12 to 17 have increased dramatically (409%) between 1990 and 1997 (Figure 8). The data also show that mentions of other illicit drugs rose substantially for the same age group during this period. Between 1990 and 1997, heroin/morphine rose 658%, methamphetamine/speed rose 152%, and cocaine rose 95 percent among ED patients age 12 to 17 (Table 26).
- In 1997, 49 percent of ED marijuana/hashish mentions occurred among white ED patients, 33 percent among black ED patients, and 10 percent among Hispanic ED patients. Between 1990 and 1997, the number of marijuana/ hashish mentions increased among white, black, and Hispanic patients. Statistically significant increases in marijuana/hashish-related episodes occurred between 1995 and 1997 for white (53%) and black (25%) patients. Race/ethnicity was reported as "other" or was unknown in 8 percent of mentions (Table 26).
- Statistically significant increases in marijuana/hashish-related episodes between 1995 and 1997 occurred for females (59%), males (38%), central cities represented in DAWN (19%), outside those central cities (29%), and the National Panel (82%). Marijuana/hashish mentions related to all motives and most reasons also increased significantly. However, reason and motive were frequently reported as "other" or were unknown (31% and 26% of mentions, respectively) (Table 26).

**Figure 7**  
**Number of marijuana/hashish mentions by age:**  
**1990-1997**



**Figure 8**  
**Number of illicit drug-related episodes age 12-17:**  
**1990-1997**





## METHAMPHETAMINE/SPEED

- The number of methamphetamine/speed mentions increased 56 percent between 1996 and 1997 from 11,002 to 17,154, following a 31 percent decrease from 15,936 in 1995 to 11,002 in 1996 (Table 28).
- Between 1996 and 1997, mentions of methamphetamine/speed increased significantly in central cities, outside central cities and for all age, gender, and racial/ethnic groups specified by DAWN. Comparing 1995 and 1997, increases in methamphetamine/speed mentions were found only for mentions outside central cities represented in DAWN (Table 28)
- Males constituted 66 percent of the methamphetamine/speed mentions for 1997. Statistically significant increases between 1996 and 1997 were noted for both males (60%) and females (52%). No significant differences by sex were evident between 1995 and 1997 (Table 28).
- Figure 9 illustrates methamphetamine/speed mentions since 1990 for all age groups. Between 1996 and 1997, statistically significant increases were noted for those age 26 to 34 (97%) and 35 and older (48%). No differences by age group were found when comparing 1995 and 1997 (Table 28).
- By race, 69 percent of methamphetamine/speed mentions are for white ED patients, and only mentions for white patients increased significantly between 1996 and 1997 (Figure 10) (Table 28).
- A significant increase (74%) in methamphetamine/speed mentions was found among white ED patients, who constituted 69 percent of all mentions. No increases were found for black or Hispanic ED patients who account for 5 and 15 percent of methamphetamine/speed mentions, respectively. Race/ethnicity was recorded as "other" or unknown in 11 percent of mentions (Table 28).
- Figure 11 compares methamphetamine/speed and amphetamine mentions. The parallel trends observed in the early 1990s for methamphetamine/speed and amphetamine are no longer evident. Instead, amphetamine mentions have been quite stable since 1994, while methamphetamine/speed mentions have shown dramatic upward and downward shifts (Table 28).

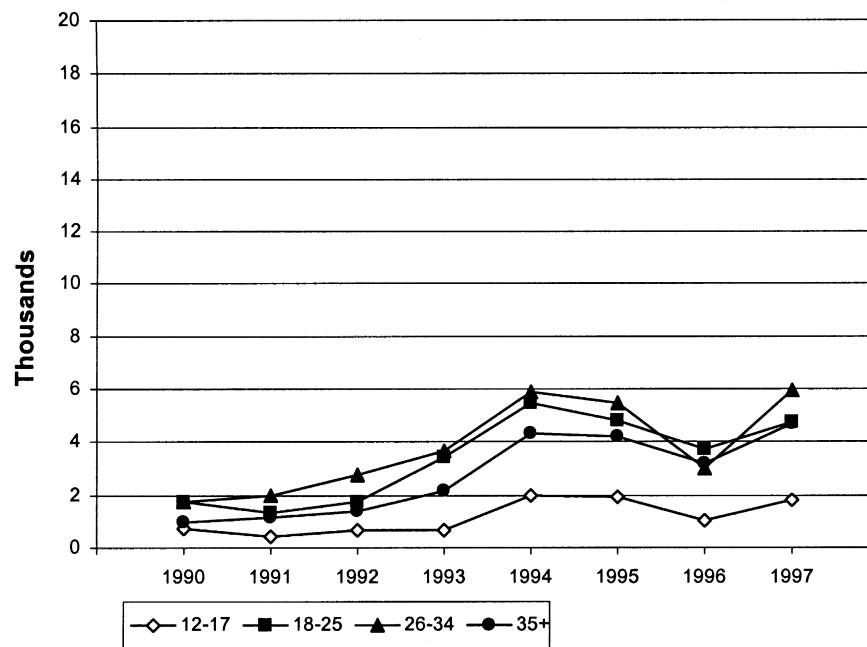
## PCP

- ED mentions for PCP and PCP combination decreased by 33 percent from 6,237 in 1995 to 4,195 in 1997, and the 1997 estimate is 5 percent below the estimate for 1990. (Table 2). There was no change between 1996 and 1997.

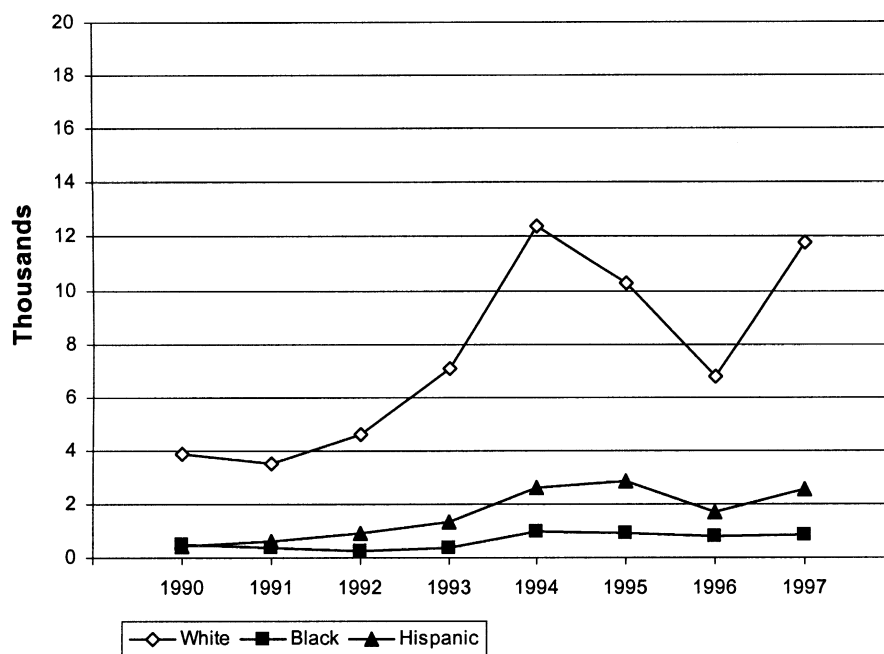
## LSD

- LSD mentions have increased 35 percent from 3,869 in 1990 to 5,219 in 1997 (Table 2). There were no statistically significant changes in LSD mentions from 1995 to 1997.

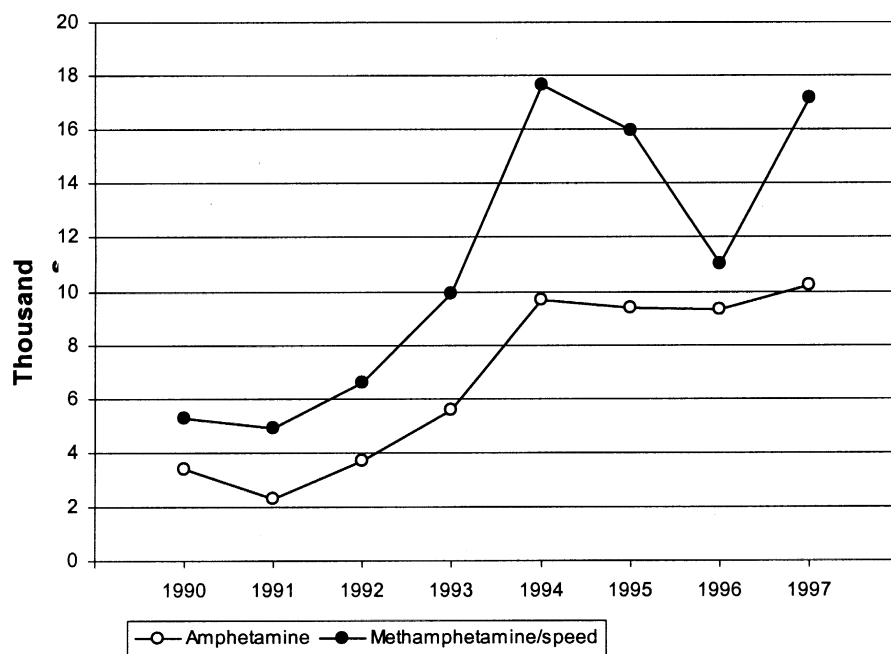
**Figure 9**  
**Number of methamphetamine/speed mentions by**  
**age: 1990-1997**



**Figure 10**  
**Number of methamphetamine/speed mentions by**  
**race/ethnicity: 1990-1997**



**Figure 11**  
**Number of methamphetamine/speed and amphetamine**  
**mentions: 1990-1997**





# ANNUAL TRENDS IN PRESCRIPTION AND OVER-THE-COUNTER DRUG-RELATED EPISODES

**D**AWN also receives reports of ED episodes involving the nonmedical use of legal drugs. Accidental overdoses of over-the-counter (OTC) or prescription drugs taken as directed are not reportable unless they were used in combination with an illicit drug. Generally, most drug-related episodes involving OTC drugs report *suicide attempt or gesture* as the motive for use. In addition, alcohol is reportable only when used in combination with another drug.

- Mentions of alcohol-in-combination occurred in 33 percent (171,982) of ED drug episodes in 1997. Mentions of alcohol-in-combination were stable from 1995 to 1997 (Table 2).
- In 1997, the following non-narcotic analgesics were mentioned: acetaminophen (7% of episodes, 35,448), ibuprofen (3%, 17,070), aspirin (3%, 14,623), and naproxen (1%, 5,330). Mentions of ibuprofen decreased 20 percent between 1995 and 1997 (Table 2).
- Among the narcotic analgesics, hydrocodone was mentioned in 2 percent (10,705) of ED episodes, and acetaminophen with codeine, d-propoxyphene, and oxycodone were each mentioned in 1 percent of episodes. Mentions of oxycodone increased 43 percent between 1995 and 1997 (Table 2).
- Among the antidepressants, amitriptyline, fluoxetine, and trazodone were each mentioned in 2 percent of ED episodes and showed no changes between 1995 and 1997. Imipramine was mentioned in 0.3 percent of ED episodes in 1997, with mentions decreasing 44 percent between 1995 to 1997 (Table 2).
- Mentions of the benzodiazepines alprazolam, diazepam and clonazepam (each mentioned in 3 percent of ED episodes) and lorazepam (mentioned in 2 percent of ED episodes) remained stable from 1995 to 1997 (Table 2).
- Triazolam mentions decreased 59 percent from 1995 to 1997, continuing a longstanding downward trend. Triazolam mentions have decreased 92 percent from 1990 to 1997 (Table 2).
- Between 1995 and 1997, statistically significant decreases in ED mentions were also noted for the following drugs: phenobarbital (37%), thioridazine (33%), hydantoin (32%), and lithium carbonate (27%). In addition, between 1996 and 1997, significant decreases in ED mentions were noted for haloperidol (30%) and OTC sleep aids (20%) (Table 2).

Generic name	Brand name
acetaminophen	Tylenol
alprazolam	Xanax
amitriptyline	Elavil
carbamazepine	Tegretol
carisoprodol	Soma
clonazepam	Klonopin
cyclobenzaprine	Flexeril
diazepam	Valium
diphenhydramine	Benadryl
doxepin	Sinequan
d-propoxyphene	Darvocet N, Darvon
fluoxetine	Prozac
haloperidol	Haldol
imipramine	Tofranil
lithium carbonate	Eskalith
lorazepam	Ativan
naproxen	Naprosyn
oxycodone	Percocet 5, Percodan, Tylox
thioridazine	Mellaril
trazodone	Desyrel
triazolam	Halcion



# ANNUAL TRENDS IN SELECTED METROPOLITAN AREAS

**T**his section presents findings for the 21 selected metropolitan areas oversampled in DAWN and for the National Panel of hospitals outside those areas. Readers should note that small changes in the estimates for Baltimore, Buffalo, Denver, San Diego, and San Francisco may produce statistically significant differences because all eligible hospitals are selected in those cities.

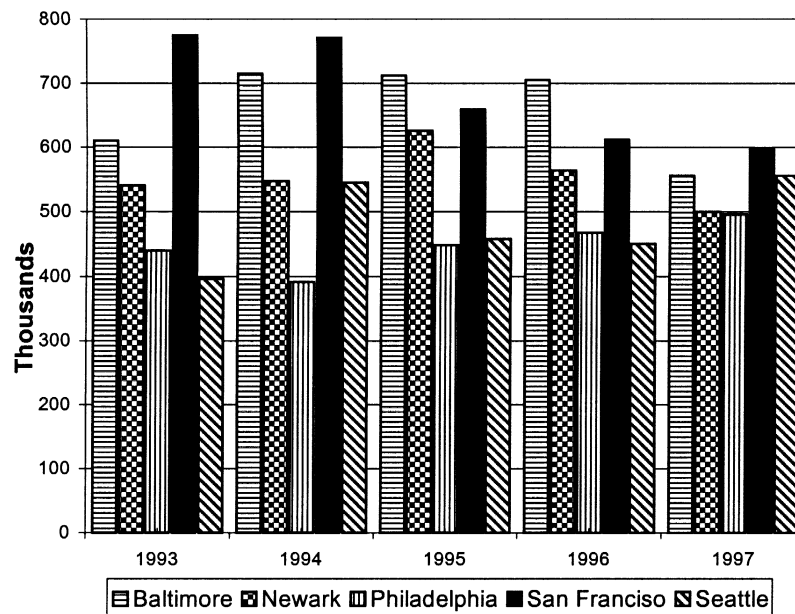
- Between 1995 and 1997, 3 of the 21 metropolitan areas covered in DAWN had statistically significant increases in the estimated number of drug-related ED episodes: 45 percent in San Diego (from 4,661 to 6,754), 23 percent in Chicago (from 21,885 to 26,891), and 18 percent in Dallas (from 5,230 to 6,195) (Table 4).
- Statistically significant decreases between 1995 and 1997 were noted in 5 of DAWN's 21 metropolitan areas: Atlanta (28%), Boston (24%), Baltimore (20%), New Orleans (11%), and Phoenix (7%) (Table 4).
- In 1997, 6 of the 21 DAWN metropolitan areas reported the highest number of ED drug episodes for the period 1990-1997: Chicago (26,891), Philadelphia (23,229), Seattle (10,593), San Diego (6,754), Dallas (6,195), and Minneapolis (4,974) (Table 4).
- In 1997, the 5 cities included in DAWN with the highest rates of ED episodes per 100,000 population were San Francisco (598), Baltimore (556), Seattle (556), Newark (500), and Philadelphia (496) (Table 32). Figure 12 shows the trends for these cities from 1993 to 1997.
- In 1997, the 5 cities included in DAWN with the lowest rates of ED episodes per 100,000 population were Los Angeles (205), Minneapolis (212), St. Louis (241), Dallas (257), and Denver (278). The 1997 rate for the National Panel was 164 per 100,000 population (Table 32).

## COCAINE

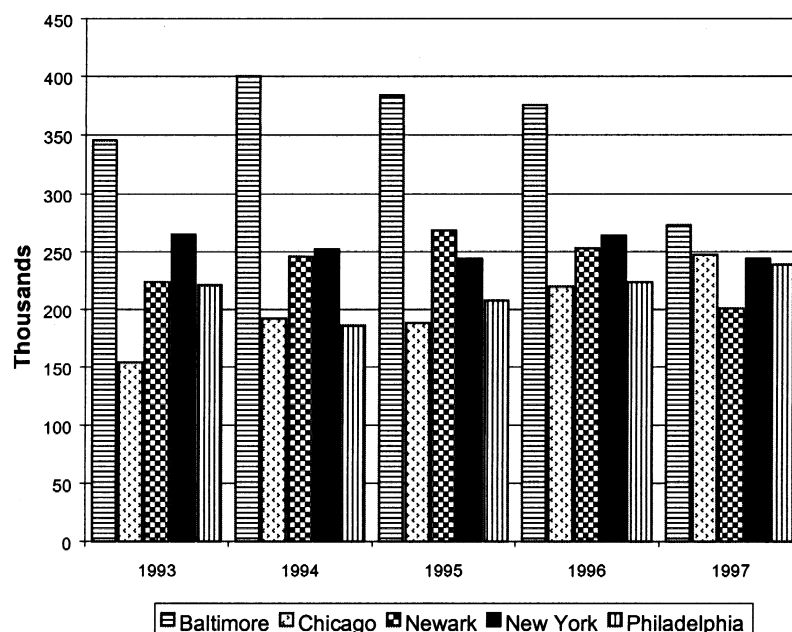
- From 1995 to 1997, 6 of the 21 metropolitan areas in DAWN had statistically significant increases in the estimated number of cocaine mentions: 58 percent in Minneapolis (from 465 to 736), 34 percent in Chicago (from 10,702 to 14,373), 31 percent in San Diego (from 644 to 846), 22 percent in Dallas (from 1,457 to 1,778), 17 percent in New Orleans (from 2,018 to 2,363), and 15 percent in Phoenix (from 1,165 to 1,334) (Table 8).
- Statistically significant decreases in cocaine mentions were observed during this time period for Boston (37%), Atlanta (35%), Baltimore (27%), and San Francisco (23%).

- Figure 13 shows the trends in the rate of cocaine mentions per 100,000 population for the 5 cities with the highest rates in 1997: Baltimore (273), Chicago (247), New York (244), Philadelphia (239), and Newark (201) (Table 36).

**Figure 12**  
Number of total drug-related episodes per 100,000 population for selected metropolitan areas: 1993-1997



**Figure 13**  
Number of cocaine mentions per 100,000 population for selected metropolitan areas: 1993-1997

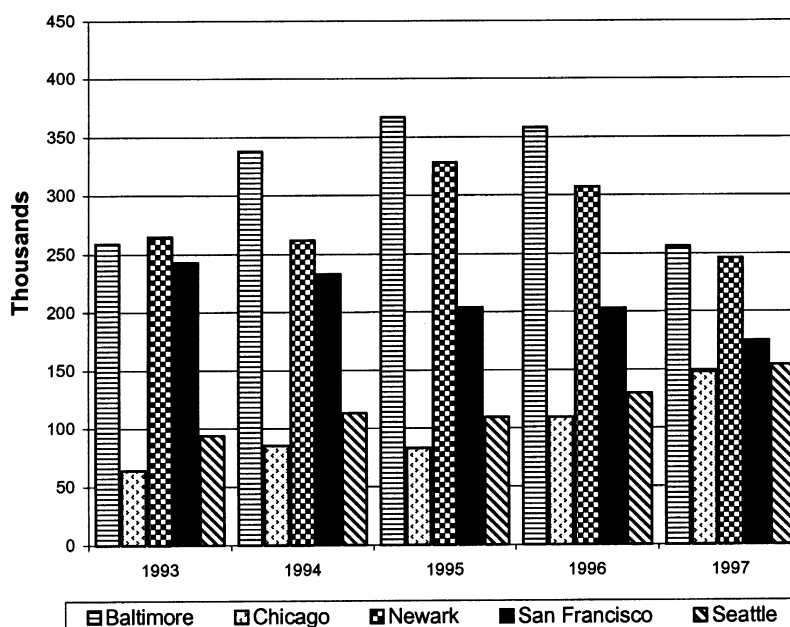




## HEROIN/MORPHINE

- Ten of the 21 metropolitan areas had statistically significant increases in the estimated number of heroin/morphine mentions between 1995 and 1997. The percentage increases in these areas were: Dallas (87%), Chicago (83%), Miami (78%), Phoenix (70%), Minneapolis (60%), New Orleans (57%), Seattle (44%), San Diego (34%), Washington, D.C. (29%), and Detroit (27%) (Table 10).
- Statistically significant decreases in heroin/morphine mentions were found in 2 of the 21 metropolitan areas: Baltimore (29%) and Los Angeles (18%) (Table 10).
- Figure 14 shows the trends in the rates of heroin/morphine mentions per 100,000 population for the 5 cities with the highest rates in 1997: Baltimore (256), Newark (246), San Francisco (175), Seattle (154), and Chicago (148) (Table 38).

**Figure 14**  
Number of heroin/morphine mentions per 100,000  
population for selected metropolitan areas: 1993-1997





# DISCUSSION OF RESULTS

**T**his report shows that the nonmedical use of drugs continues to place a burden on hospital emergency departments (EDs). Even so, this is only one dimension of the total consequences of drug use. While DAWN measures the impact of drug use that manifests in visits to hospital EDs, DAWN does not measure the frequency of drug use, the health consequences of drug use that are left untreated, or the impact of drug use on health care settings other than hospital EDs.

Many factors can influence the estimates of ED visits, including trends in ED usage in general. Drug users may have visited EDs for a variety of reasons, some of which may have been life threatening. Others may have sought care at the ED for detoxification, because they needed medical certification before entering treatment. Some drug-related episodes may reflect the same patients making repeated ED visits. The DAWN data may also reflect changes in hospital services or operations. For example, a hospital that opens a new detoxification unit may experience an increase in drug-related ED visits; a change in computer systems may result in systematic changes in drug-episode identification.

The total number of drug-related ED episodes and heroin/morphine mentions in ED episodes remained relatively stable from 1995 to 1997. However, increases were noted for other drugs. ED mentions of cocaine and marijuana/hashish increased steadily from 1990 through 1997. Methamphetamine/speed mentions increased 56 percent between 1996 and 1997, but were unchanged when compared to 1995. The apparent decrease in methamphetamine/speed-related episodes in 1995 and 1996, according to reports from local area epidemiologists and other researchers, may have been attributable to a shortage of methamphetamine/speed in the last half of 1995 in some western cities such as San Diego, Los Angeles, Phoenix, and San Francisco. In the early 1990s, amphetamine-related episodes showed similar increases to those of methamphetamine/speed but remained relatively stable between 1994 and 1996.

Increases in ED mentions were noted among specific age groups, especially young people. Marijuana/hashish-related mentions increased for all age categories between 1995 and 1997. Between 1995 and 1997, an increase among youth age 12 to 17 involved cocaine, heroin/morphine, and especially marijuana/hashish. The number of drug episodes also increased between 1996 and 1997 for those age 18 to 25. Between 1996 and 1997, the number of methamphetamine/speed mentions increased for those age 26 years and older. Increases were noted in cocaine mentions between 1995 and 1997 among those age 35 years and older.

Changes in the number of drug-related emergencies may also be due to changes in the use of drug combinations; patterns of drug use, such as route of administration; amount of drug used per administration; drug purity; or drug price. For example, a decrease in the purity of heroin or cocaine could result in fewer users experiencing unexpected reactions and overdoses. Reports from the Drug Enforcement Administration Office of Domestic Intelligence (November, 1998) indicate that during the period between 1993 and 1997, the following changes occurred:

- Cocaine prices remained relatively low and the average purity of cocaine remained relatively stable.

- The national average purity of heroin/morphine nationwide has remained stable since 1993. Numerous and diverse foreign sources of supply generally account for wide variation in prices.
- The potency of marijuana/hashish increased slightly in 1997 and the price per pound has remained relatively constant.
- After a shortage in late 1994 and early 1995, methamphetamine/speed was readily available from late 1995 through 1996, particularly in the western United States. Nationally, methamphetamine/speed prices have remained relatively stable.

While estimates of drug-related ED episodes could increase or decrease over time for reasons unrelated to the size of the drug using population, estimates may also change due to factors that affect reporting patterns. For example, some possible factors are:

- Greater awareness of these problems by hospital staff who therefore report drug use more carefully on medical charts,
- Other data collection or sample composition changes (see Appendix B),
- Changing patterns of use of EDs by drug users, and
- Different ED usage patterns by population subgroups.

However, analysis of identified procedural factors that could create spurious results suggests that procedural factors cannot account for the differences reported here (see Appendix B for a detailed account of known procedural anomalies).

# APPENDIX A: DETAILED DESCRIPTION OF DAWN

## I. SAMPLE DESIGN

The Drug Abuse Warning Network (DAWN) is a voluntary, national data collection system that gathers information on substance abuse that manifests in visits to hospital emergency departments (EDs) in the coterminous United States. Currently, DAWN provides semiannual and annual estimates of the number of drug-related visits to hospital EDs from a nationally representative sample of hospitals located throughout the coterminous United States. The DAWN system is managed by the Office of Applied Studies (OAS), a component of the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services.

Several changes have been made to the sample design since DAWN began in 1972 under the Drug Enforcement Administration (DEA). In the early 1970s, the DAWN sample consisted of a random sample of hospital EDs. Over time, however, a number of facilities were lost from the original sample because of closures, mergers, attrition, or voluntary termination. New hospitals were recruited to participate, but no sample maintenance plan was devised for selecting new hospitals to sustain the randomness of the sample. As a result, attrition and nonrandom replacement led to a sample that was no longer representative of all hospital EDs in the coterminous United States.

When the National Institute on Drug Abuse (NIDA) assumed responsibility for DAWN in 1980, one of the agency's goals was to implement a new sample that could be used to produce estimates for the Nation as a whole and for the separate DAWN metropolitan areas. Once a design was determined and the units were selected, the sample required the recruitment of 300 new hospitals. The cost of the project delayed its initiation until early 1986.

Hospitals eligible for DAWN are non-Federal, short-stay general surgical and medical hospitals in the coterminous U.S. that have a 24-hour ED. The American Hospital Association's (AHA) 1984 and 1985 Annual Surveys of Hospitals were used to obtain a sampling frame. (For a definition of sampling frame and other technical terms used in this report, see the Glossary of Terms in Appendix D.)

Hospitals in the sampling frame were stratified according to several characteristics. First, the sampling frame was divided into the 21 DAWN metropolitan areas and the remainder of the country (called the National Panel). Hospitals having 80,000 or more annual ED visits were assigned to a single stratum for selection with certainty. Then, the remaining hospitals in the 21 metropolitan areas were classified by location – inside or outside the central city – and by whether the hospital had an organized outpatient department and/or a chemical/alcohol inpatient unit – whether they had zero, one, or both types of units. Similarly, hospitals in the National Panel were classified by the presence/absence of such units.

The 21 metropolitan area boundaries correspond to the Office of Management and Budget (OMB) 1983 definitions of Metropolitan Statistical Areas (MSAs) and Primary Metropolitan Statistical Areas (PMSAs) with a few exceptions. In the case of the Boston metropolitan area,

the OMB definition was replaced by the definition for the New England County Metropolitan Area (NECMA). In several metropolitan areas, use of the PMSAs excluded some counties covered by DAWN prior to 1988, such as Nassau and Suffolk Counties in New York, certain counties in the Chicago area, and Niagara County in the Buffalo area. In other areas, such as Atlanta, counties not previously covered in DAWN were included. In addition to geographic coverage, the central cities in the new statistical areas differ from those in the old SMAs used previously in DAWN. For example, Hialeah joined Miami as a central city in the new Miami-Hialeah area, and Long Beach joined the Los Angeles-Long Beach area. In some instances in this report, only the first city name is cited, but it always refers to the complete metropolitan area.

Sample sizes for the metropolitan areas and the National Panel were determined for each stratum so as to achieve specified levels of precision in the estimates. In this context, precision refers to the amount of sampling fluctuation inherent in the estimate; the less the fluctuation, the greater the precision. Target precision levels were expressed as relative standard errors (RSEs), defined as the ratio of the standard error (SE) of an estimate to the value of the estimate, expressed as a percentage. Lower RSE values are associated with higher levels of precision and, other things being equal, increases in sample size serve to reduce the RSE and thus increase the level of precision of the estimates. Target RSEs were 6 percent for the national estimates; 6 percent for the New York, Chicago, and Los Angeles metropolitan areas; and 8 percent for all other metropolitan areas. In 5 of the metropolitan areas (Baltimore, Buffalo, Denver, San Diego, and San Francisco), such a large proportion of facilities in each area would have been required to reduce the RSE to 8 percent that the decision was made simply to select all eligible hospitals.

Once the sample size for each metropolitan area and the National Panel was determined, the number of sample units was allocated to the various strata based on the theory of optimal allocation. With this approach, strata with greater variability in drug-related episodes (from hospital to hospital) receive a proportionally larger number of sample units. Optimal allocation serves to reduce the RSE of the estimates for a given overall sample size or to enable a specified RSE to be achieved with a smaller sample.

A total of 685 hospitals was selected for the new sample. Many of the facilities selected, particularly the larger ones, were already participating in DAWN. As noted earlier, 300 new hospitals had to be recruited. Recruitment started in April 1986 and proceeded in phases. By 1988, recruitment of the selected facilities was sufficiently complete to produce estimates based on the new sample.

Some facilities already participating in DAWN were not selected for the new sample. These facilities were retained in the system for sufficient time to obtain overlapping data for calibrating the estimates and developing estimation procedures for prior years. The period of overlap differed by metropolitan area but generally included the last quarter of 1988 and the first half of 1989. Most terminations of nonselected facilities were made in the second half of 1989 or in 1990.

The total number of eligible sample facilities has not remained at the original 685 because some hospitals have closed or become ineligible since the sample was selected. To preserve the integrity of the sample and ensure that the DAWN estimates will continue to be representative, sample maintenance is performed annually. Maintaining the sample involves updating the sampling frame with the most recent available information on the population of eligible hospitals. One purpose for updating the sampling frame is to identify newly eligible

hospitals, or hospitals that are eligible and previously did not have a chance of selection, so that they can be sampled. A second purpose, which focuses on the estimation process, is to determine the population of eligible hospitals that the estimates must apply to, as well as the total number of ED visits among this population, which is used in the calculation of the analytical weights.

## **II. WEIGHTS AND PRECISION OF THE ESTIMATES**

By 1988, hospital recruitment progressed to a point where national estimates and estimates for each of the 21 metropolitan areas could be made with reasonable precision. National estimates are obtained by adding the estimates from the 21 metropolitan areas and the estimate from the National Panel for each estimation category.

The development of estimates from the sample data involves the application of analytical weights calculated on the basis of data from the sampling frame and from DAWN reporting records. Weights are calculated for each quarter of data using a 4-component model that considers:

- The base sampling weight calculated as the reciprocal of the sampling probability;
- An adjustment for atypical reporting, applicable to certain hospitals that merge, split, or respond in an unusual way;
- An adjustment for nonresponse based either on complete nonparticipation or failure to provide data on all the reporting days in a given time period; and
- A correction (benchmark) factor, applied within metropolitan areas, that adjusts the total number of ED visits among participating sample hospitals to the total for the population of hospitals as determined from the sampling frame.

The estimation procedure was modified in 1989 to include the adjustments for 2 types of nonresponse and the ratio or benchmark adjustment based on ancillary data from AHA.

Each estimate from the DAWN ED sample data is subject to sampling variability. This is the variation of the estimate that would be observed if different samples were drawn from the same population using the same procedures. The sampling variability of an estimate is measured by its standard error (SE) and relative standard error (RSE), which is the standard error divided by the estimate. The precision of an estimate is inversely related to the degree of sampling variability as measured by the RSE; the greater the RSE value, the lower the precision.

## **III. PRELIMINARY VERSUS FINAL ESTIMATES**

Final estimates are produced annually when all hospitals participating in DAWN have submitted their data for that year and when ancillary data used in estimation have become available. In recent years, the final report has included separate final estimates for the first half and the second half of the year, although quarterly estimates have been produced in earlier years. In addition to the final estimates, preliminary estimates are also produced semiannually based on responding hospitals. Data are weighted to produce national and metropolitan area

estimates of ED drug-related mentions. The following factors clarify differences between preliminary and final estimates:

- Final estimates include data from a small number of late-reporting hospitals. Data are continuously updated for a fixed time period. As such, final estimates usually have higher response rates.
- Additional hospitals are added to the sample and incorporated into the final estimates for a given year (not the preliminary estimates for that same year). Most of these hospitals are "newly eligible" because they became DAWN eligible sometime after the original sample was selected. The final DAWN estimates are produced after we receive the most current AHA Annual Survey of Hospitals file. This file is used initially to establish a sampling frame for DAWN. The most current AHA file is used once a year to maintain representativeness of the sample. Between the releases of the preliminary and final estimates, the use of the newer AHA survey can result in hospitals being added to the sample and incorporated into the final estimates.
- Data from the most current AHA file also are used to produce the final weights.

#### **IV. REVIEW OF ESTIMATION SYSTEM**

In 1997 and 1998, a thorough review of the DAWN estimation system was undertaken by Westat. As a result of this review, the computer programs that compute the weighted estimates were rewritten to make them more accurate and efficient. While the methodology for computing weights did not change, errors were discovered in the prior programs that affected the estimates for 1995 and 1996. Final estimates for these 2 years were presented in the 1997 Mid-Year Preliminary Report for the first time. The 1995 estimate of total drug-related episodes decreased by less than 1 percent (from 517,800 to 513,600) while the 1996 estimate increased by 5.5 percent (from 487,600 to 514,300). These changes had varying effects on the metropolitan area estimates.

The following changes had the greatest effect on the estimates:

- A change was made in the method for assigning eligibility status to a hospital. The current system tracks partial year eligibility, which improves the sensitivity of the DAWN nonresponse adjustment. Formerly, there was no recognition that a hospital could change its eligibility status during the year.
- A concerted effort was made to ascertain the current eligibility status of all nonparticipating DAWN sampled hospitals. Changes in status from eligible nonrespondent to ineligible (or vice versa) also affected the nonresponse adjustment.



# APPENDIX B: LIMITATIONS OF THE DAWN DATA

## I. SOURCES OF ERROR

**W**hen producing estimates from any sample survey, 2 types of errors are possible—sampling and nonsampling errors. The sampling error of an estimate is the error caused by the selection of a sample instead of a census of hospitals. Sampling error is reduced by selecting a large sample or by using efficient sample design and estimation strategies such as stratification, optimal allocation, and ratio estimation. Nonsampling errors include nonresponse, difficulties in the interpretation of the collection form, coding errors, computer processing errors, errors in the sampling frame, and reporting errors.

Many procedures, such as data auditing and periodic retraining of data collectors, are used in DAWN data collection to minimize nonsampling errors. Moreover, nonrespondent hospitals are identified for additional recruitment. Late reporters are assigned for priority data collection and respondents with changes in reporting are designated for followup. Since data are abstracted from medical records completed by hospital staff who treated the patients, the accuracy of these reports depends on their careful recording of these conditions.

It is also important to recognize that DAWN does not provide a complete picture of problems associated with drug use, but rather focuses on the impact that these problems have on hospital EDs in the United States. If a patient is admitted to another part of the hospital for treatment, or treated in a physician's office or at a drug treatment center, the episode would not be included in DAWN.

## II. CHANGES IN SAMPLE COMPOSITION AND REPORTING OF EPISODES

Periodic minor modifications are made to the sample to keep it current. Adjustments are made in the weights to account for sample revisions and for any lapses in reporting by the sampled hospitals. It is unlikely that modifications to the sample will affect estimates of the total drug, cocaine, and heroin/morphine mentions over time. Analyses of the previous changes in the sample composition have found them to have little impact on trends across several years.

Knowledge of changes in the sample composition or reporting anomalies in key sample hospitals is important in guiding interpretation of trends in DAWN estimates, particularly for metropolitan area data. To the extent that it is possible in the short time frame before data release, DAWN analysts and field staff attempt to identify and document any such situations and have noted the following environmental events that might have had an impact on the estimates:

- Levels and trends in episodes in 1990 and 1991 may be distorted in the Baltimore MSA due to changes occurring in several hospitals in the MSA such as: turnover in DAWN reporters, back-data collection for some, but not all of the affected time periods, and administrative changes. However, trends for total drug, cocaine, and heroin/morphine mentions in other Baltimore hospitals appear to follow the same pattern as the problem

hospitals. Thus, even with corrected data, episodes would still be increasing over time during this period.

- In June 1990, a hospital in Seattle that averaged around 200 episodes a month dropped out of the study, but reentered in May 1991. This may have accounted for the drop in episodes seen in Seattle in 1990 and 1991 and part of the subsequent increase seen in 1992.
- The change in the sample composition beginning in the first half of 1991 in the New York PMSA (addition of several hospitals) did have some impact on the 1991 estimates; however, analysis of the estimates with and without these hospitals indicates that the trends remained the same although the levels changed somewhat.
- Increases in the Detroit PMSA during the second half of 1991 may be due to underreporting which was discovered during a reabstraction study performed in one large hospital in 1991. In previous time periods, mostly overdose episodes were reported. More accurate data were obtained beginning in the second half of 1991. However, cocaine and heroin/morphine mentions did increase in other hospitals, particularly when comparing third quarter 1990 with third quarter 1991. Therefore, even if more accurate data were available in this hospital, increases at the metropolitan area level would have still occurred.
- Four hospitals in Philadelphia instituted procedures in the second half of 1992 that caused their reporting episodes to increase. This may account for a large percentage of the increase estimated in drug-related mentions in the Philadelphia MSA.
- In late 1991, a detoxification center in a reporting hospital in Washington, D.C. closed. While drug mentions in this hospital decreased by less than 5 percent between the first half of 1991 and the first half of 1992, the number citing "seeking detoxification" as the reason for the visit declined by 85 percent.
- In the second half of 1992, detoxification centers near hospitals in the National Panel opened. This resulted in an increase in the number of episodes as patients seeking admission for detoxification had to obtain medical clearance through DAWN-reporting hospitals. Because these hospitals have large weights, they accounted for one-third of all methamphetamine/speed mentions and 5 percent of heroin/morphine mentions in the National Panel.
- In the second half of 1993, there was a significant decrease in the number of drug mentions reported for San Francisco. This is because a previously nonresponding hospital began reporting during this time period. The number of drug-related episodes reported from this hospital was smaller than anticipated, resulting in a lower estimate.
- In April 1993, a hospital in the Detroit PMSA increased the number of toxicology tests performed. This may have accounted for a large percentage of the significant increase seen in drug mentions between the first and second half of 1993.
- In January 1994, several DAWN hospital EDs in Los Angeles were closed for a period of time due to the Northridge earthquake. Moreover, ED records in some facilities were destroyed. This may explain the decrease in the total number of drug mentions in Los Angeles between the first half of 1993 and the first half of 1994.

- In 1995, a hospital in Chicago opened a detoxification unit that resulted in an increase in drug-related visits.
- In 1996, 2 hospitals in Newark began screening patients in the ED prior to referring them to detoxification units. This may have resulted in an increase in visits.



## APPENDIX C: EXPLANATION OF TABLES

The tables included at the end of this report present estimates of total drug episodes, total drug mentions, and mentions of 35 specific drugs plus alcohol-in-combination. Also included are detailed tabulations for cocaine, heroin/morphine, marijuana/hashish, and methamphetamine/speed mentions. Drug mentions are shown by metropolitan areas, age, gender, race/ethnicity, central city versus outside central city, motive for taking the substance, and reason for ED visit. Data shown in these tables are based on the representative sample of hospitals that was implemented in 1988 and updated periodically since then.

Odd numbered tables report semiannual data from the first half of 1992 through the second half of 1997. Even numbered tables report annual data from 1990 through 1997. This is the first publication that presents final annual estimates for 1997.

Tables 29 to 56 report semiannual and annual rate data adjusted for population. The rate tables present estimates of ED drug episodes and mentions per 100,000 population in metropolitan areas and in the Nation broken out by age and sex.

The U.S. Bureau of the Census defines *Metropolitan Area* (MA) as the city core and its immediately adjacent geographic areas that are highly integrated economically and socially with the city core. Population-based rates are obtained by taking the estimates of total episodes and mentions for each demographic category, and dividing by the number of persons in the population for that demographic category. These standardized data provide the means for comparing drug episodes and mentions by city over time. Semiannual numbers are based on the first half of the year and are not comparable to annual numbers, which are based on 12-month data. Semiannual and annual numbers for 1988 or earlier can be accessed via the Internet (see page ii) or by ordering earlier reports (see the publications list at the end of this report).

Population data are derived from the following U.S. Bureau of the Census files:

- Civilian Noninstitutional Population of the U.S. by Age, Race, and Sex (CNP Tables), which provides monthly population estimates by age, sex, race and Hispanic origin for the total U.S.;
- 1990 Census Counts by Age, Sex and Race (ASR File), which provides population estimates by state and county, broken out by combinations of age, sex, race, and Hispanic origin; and
- County-Level Population Estimates (CPOP File), which provides estimates of annual total population by county as of July 1 of each year.

Population data are obtained by:

- Adjusting the CPOP annual county population counts to the 1990 ASR demographic counts to produce annual county demographic counts;

- Adjusting the annual county demographic counts to the CNP to produce monthly county demographic counts; and
- Summing the monthly county demographic counts across all counties in the MA and across all months in the quarter (half-year or year), to produce semiannual or annual demographic counts for each DAWN area.

# APPENDIX D:

## GLOSSARY OF TERMS

**Coterminous United States:** The contiguous 48 continental States and Washington, D.C. Excludes Alaska and Hawaii.

**Disposition of ED patient:** Suggestions or recommendations made or actions taken by the hospital as they relate to the patient's presenting problem:

- *Treated and released or referred* - The patient is given appropriate ED treatment and is released or, after appropriate ED treatment, the hospital refers the patient to another agency or to a private physician for additional services.
- *Admitted to hospital* - The patient is admitted as an inpatient to hospital.
- *Left against medical advice* - The patient, prior to or after treatment, left without a physician's approval.
- *Died* - The patient died while in ED or while an inpatient.

**Drug abuse:** The nonmedical use of a substance for any of the following reasons: psychic effect, dependence, or suicide attempt/gesture (see **Drug use motive**). For the purpose of this report, nonmedical use means:

- The use of prescription drugs in a manner inconsistent with accepted medical practice;
- The use of over-the-counter drugs contrary to approved labeling; or
- The use of any substance (heroin/morphine, marijuana/hashish, peyote, glue, aerosols, etc.) for psychic effect, dependence, or suicide.

**Drug abuse episode:** A reported ED admission that involved drug abuse. Episodes involving children under 6 years of age are not reported to the DAWN system. The number of ED patients in DAWN is not synonymous with the number of patients involved. One patient may make repeated visits to an ED or to several EDs, thus producing a number of episodes. As no patient identifiers are collected, it is impossible to determine the number of patients involved in the reported episodes.

**Drug abuser:** An ED patient who had taken a substance(s) without proper medical supervision for reason(s) of psychic effect, dependence, or suicide attempt/gesture. See also **Drug abuse**.

**Drug category:** A generic grouping of substances reported to DAWN. The DAWN drug groupings are periodically reviewed in order to reflect the most recent changes in pharmaceutical classifications and drug legislation. Occasional changes in drug classification should be taken into consideration when comparing drug data from this report with other DAWN reports. These classifications may involve street names and brand names, which are sometimes used to identify a substance and its generic drug group. Such names are carried in DAWN due to the inability of some drug users to

reliably identify a substance other than by its street name. Therefore, references to substances such as "speed" appear in the tables. Additional clarification is provided for the following drug categories:

- *Alcohol-in-combination* - DAWN does not gather data on alcohol used alone, only alcohol used concomitantly with another abused substance. Therefore, all alcohol mentions are combination mentions.
- *Heroin/morphine* - Although heroin may be the ingested drug, it is metabolized to morphine. Therefore, heroin and morphine are treated as a single drug.
- *Marijuana/hashish* - As both marijuana and hashish are derived from the cannabis plant and have tetrahydrocannabinol (THC) as their psychoactive ingredient, they are treated as a single drug in this report.
- *Diazepam* - Mentions of desmethyldiazepam, a metabolic product of diazepam, are combined with those of diazepam in this report.
- *Methamphetamine/speed* - Data for methamphetamine and speed were shown separately in prior reports. To facilitate analyses, data on these 2 DAWN methamphetamine categories are now shown together under the aggregate category of "methamphetamine/speed."
- *Fluoxetine and imipramine* - In DAWN reports for 1988, mentions of Prozac, an antidepressant first marketed in December 1987, were misassigned to the imipramine category. In this report, Prozac has been removed from the imipramine group, combined with generic fluoxetine, and tabulated under the category of "fluoxetine."
- *Drug unknown* - "Drug unknown" may be recorded either when the user did not know what had been taken or perhaps did not wish to reveal the use of an illicit substance, or when data were not available in the hospital records.

**Drug concomitance:** This term refers to whether a drug abuse episode involved a single drug mention or multiple mentions.

**Drug mention:** This refers to a substance that was mentioned in a drug abuse episode. In addition to alcohol-in-combination, up to 4 substances can be reported for each drug abuse episode. Therefore, the total number of mentions exceeds the number of total episodes.

**Drug use motive:** DAWN classifies ED drug abuse episodes according to one or more of the following reasons for taking a substance(s):

- *Psychic effects* - A conscious action to use drugs to improve or enhance any physical, emotional, or social situation or condition. Two categories of psychic effect are:
  - Use of drugs for experimentation or to enhance a social situation (e.g., curious, peer pressure, to get high, fun, "for kicks," to party); and



- Use of drugs to improve or enhance any mental, emotional, or physical state (e.g., depression, anxiety, relieve headache, reduce pain, stay awake, relax, help study, get to sleep).
- *Dependence* - A psychic and/or physical state characterized by behavior that always includes a compulsion to take the drug on a continuous or periodic basis in order to experience its effects or to avoid the discomfort of its absence (e.g., have to take, had to have, needed a fix).
- *Suicide attempt or gesture* - Successful or unsuccessful suicide attempt or gesture verified by a witness, a note left by patient, physician's medical record note, or other evidence.
- *Other reason* - Self-medication for physical ailment, to prevent pregnancy or induce abortion, accident, used unknowingly, etc.

**Facility location:** Data from the 21 metropolitan areas in the DAWN ED sample are tabulated separately for central cities and areas outside central cities.

**Form in which drug was acquired/found:** The form in which the substance was received by the user/abuser is coded, not the form in which the substance was consumed.

**Hospital emergency department (ED):** Only hospitals that met eligibility criteria for DAWN were recruited to participate. To be eligible, hospitals must be non-Federal, short-stay facilities with EDs that are open 24 hours a day, and located in the coterminous U.S. Specialty hospitals, hospital units of institutions, long-term care facilities, and pediatric hospitals are excluded.

**Metropolitan area:** An area composed of a relatively large core city or cities and the adjacent geographic areas. Conceptually, these areas are integrated economic and social units with a large population nucleus. Facilities recruited for the DAWN ED sample were selected from the Metropolitan Statistical Areas (MSAs) and Primary Metropolitan Statistical Areas (PMSAs) as defined in 1983 by the Office of Management and Budget.

**National Panel:** This term is used to denote 2 concepts: (1) The universe of eligible hospitals outside the 21 DAWN metropolitan areas but within the coterminous U.S. or (2) The sample of hospitals in DAWN that were selected from this universe. The National Panel sample is weighted to produce estimates for the National Panel universe. See also **Metropolitan area**.

**p-value:** The probability value is the actual probability associated with an obtained statistical result; this is then compared with the significance level to determine whether that value is statistically significant. For the *p*-value to be significant, it must be less than or equal to the significance level. The traditional significance levels are *p* less than .001, .01, .05, and .10. The *p*-value less than .05 is used in DAWN reports.

**Population:** See **Universe**.

**Precision:** The extent to which an estimate agrees with its mean value in repeated sampling. The precision of an estimate is measured inversely by its standard error (SE) or relative standard error (RSE). In this report, estimates with an RSE of 50 percent or higher are

regarded as too imprecise and are not printed. Table cells where such estimates would have appeared contain the symbol ". . ." (3 dots). See also **Relative standard error**.

**Race/ethnicity:** The race/ethnicity categories on the DAWN data collection form are:

- White, not of Hispanic origin - A patient having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black, not of Hispanic origin - A patient having origins in any of the black racial groups of Africa.
- Hispanic patient of Mexican, Puerto Rican, Cuban, or Central or South American, or other Spanish culture or origin, regardless of race.
- American Indian/Alaskan Native - A patient having origins in any of the peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- Asian/Pacific Islander - A patient having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.
- Other - A patient whose race cannot be classified into any of the categories above. This residual category was reinstated on the DAWN form in July 1991 after having been removed in an earlier revision.

**Random sample:** A sample in which each member of the sampling frame has a known, nonzero probability of selection.

**Rank:** A rank indicates the relative frequency of mentions for a particular drug category within the total DAWN system. For example, a drug category ranked second indicates that it accounted for the second highest number of mentions among all drug categories. When 2 or more drugs received equal numbers of mentions, they are assigned the same rank. It should be noted that a difference in rank should be considered only as indicative of a difference in frequency among drugs reported to DAWN, no matter how small, and not as necessarily denoting a meaningful or significant difference. For example, a difference of one between ranks of drug categories could mean a difference of one drug mention or a difference of many.

**Reason for ED contact:** Drug users reported to an ED and DAWN contact for the following reasons:

- *Unexpected reaction* - The drug's effect was different than anticipated, thus, causing concern (e.g., bad trip, panic, hallucinations, etc.).
- *Overdose* - Either intentional or accidental (e.g., effects of suicide attempt, coma, etc.).
- *Withdrawal* - Symptoms which occur when a patient stops taking a substance upon which she/he is physiologically dependent and suffers physical symptoms, including abdominal pain, cold sweat, hyperactivity, and tremors that require treatment.

- *Chronic effects* - Secondary conditions resulting from habitual usage or dependence, including malnutrition, tetanus, blood poisoning, etc.
- *Seeking detoxification* - Patients with identified problems with chronic substance abuse who seek admission to a detoxification program and receive treatment from emergency department staff. This category was added to the data collection form in 1987.
- *Accident/injury* - Injuries resulting from accidents that were caused by or related to drug abuse. This category was added to the data collection form in 1987.
- *Other* - Reasons which cannot be classified into one of the aforementioned categories.

**Reason for taking substance:** See *drug use motive*.

**Relative standard error (RSE):** A measure of the sampling variability or precision of an estimate defined as the estimate's SE expressed as a percentage of the estimate's value. (See also *Precision* and *Standard error*.)

**Route of drug administration:** The method by which the substance was taken into the user/abuser's body is coded according to the following categories:

- Oral – Substance is ingested through the mouth.
- Injection – Substance enters the body through a vein (intravenously), into the muscle (intramuscularly), or under the skin (subcutaneously).
- Inhaled - Gases or fumes of a substance are taken into the body by inhaling through the nose or mouth into the lungs (e.g., inhaling the fumes of glue, aerosols, paints, gasoline, etc.).
- Smoked (includes freebase) - Substance (e.g., marijuana/hashish, "crack" cocaine) is consumed by smoking a cigarette, pipe, or similar device.
- Sniffed/snorted - Substance (e.g., cocaine, heroin/morphine), which is acquired in a powder or crystalline form, is forcefully inhaled through the nose.
- Other - Used when the route of administration of the substance cannot logically be included as any of the above.

**Sampling frame:** A list of units from which a sample is drawn. All members of the sampling frame have a probability of being selected. A sampling frame is constructed such that there is no duplication and each unit is identifiable. Ideally, the sampling frame and the universe are the same. The sampling frame for the DAWN hospital ED sample is the American Hospital Association (AHA) annual survey.

**Sampling unit:** A member of a sample selected from a sampling frame. For the DAWN sample, the units are hospitals, and data are collected for all drug-related ED episodes at the responding hospitals selected for the sample.

**Sampling weights:** Numeric coefficients used to derive population estimates from a sample.

**Single-drug episode:** A drug abuse episode that involved only one drug.

**Source of substance:** The immediate source of the substance that the patient abused is coded as follows:

- *Legal prescription* - This is coded only when the abuser was legally prescribed the drug of abuse. If one patient obtains a drug by legal prescription and sells it to another who abuses it, the source to the abuser is marked "street buy." If the patient for whom the prescription was issued gives the drug to another patient who abuses it, the source to the abuse is "other unauthorized procurement."
- *Street buy* - The drug abuser purchased a drug and/or prescription from a source other than legitimate channels.
- *Other unauthorized procurement* - The drug was acquired in a manner not consistent with accepted medical care but was not bought on the street. This category includes drugs purchased using forged prescriptions, stolen, or received as a gift.
- *Other* - Used when the source of the substance cannot logically be included as any of the above. This category includes all over-the-counter medications.
- *Unknown* - Reported when information on source was unavailable.

**Standard error (SE):** A measure of the sampling variability or precision of an estimate. The SE of an estimate is expressed in the same units as the estimate itself. For example, an estimate of 10,000 cocaine mentions with an SE of 500 indicates that the SE is 500 mentions.

**Strata (plural), stratum (singular):** Subgroups of a population within which separate samples are drawn. Stratification is used to increase the precision of estimates for a given sample size, or, conversely, to reduce the sample size required to achieve the desired level of precision. In the DAWN ED sample, the sample is stratified into 21 metropolitan area cells plus an additional cell for the National Panel. Then, within these cells strata are defined according to the annual number of ED visits, whether the hospital is located inside or outside the central city of the metropolitan area, and by the presence or absence of an organized outpatient department, alcohol/chemical dependence inpatient unit, or both. The strata are as follows:

Stratum	Annual ED visits	Location within metropolitan area	Outpatient department or alcohol/chemical dependence inpatient unit
In the 21 DAWN metropolitan areas			
0	≥80,000	Not applicable	Not applicable
1	<80,000	Central city	Both
2	<80,000	Central city	One only
3	<80,000	Central city	Neither
4	<80,000	Outside Central city	Both
5	<80,000	Outside Central city	One only
6	<80,000	Outside Central city	Neither

Stratum	Annual ED visits	Location within metropolitan area	Outpatient department or alcohol/chemical dependence inpatient unit
In the National Panel			
0	≥80,000	Not applicable	Not applicable
7	<80,000	Not applicable	Both
8	<80,000	Not applicable	One only
9	<80,000	Not applicable	Neither
Note: Stratum "0" is defined for each of the 21 metropolitan area and the National Panel cells. See <i>Drug Abuse Warning Network Sample Design and Estimation Procedures: Technical Report</i> , November 1997.			

**Statistically significant:** A difference between 2 estimates is said to be statistically significant if the value of the statistic used to test the difference is larger or smaller than would be expected by chance alone. For DAWN estimates, the difference is statistically significant if the p-value is less than 0.05 (see also **p-value**).

**Therapeutic class:** A general grouping of generic drugs such as tranquilizers, narcotic analgesics, barbiturate sedatives, etc. These groupings are based primarily on a pre-existing classification used in the National Drug and Therapeutic Index (IMS America, Ltd.). The DAWN system has accumulated a vocabulary of more than 7,300 substance names that have been mentioned in incidents of abuse. This vocabulary is updated monthly by the inclusion of new abuse substances and, through receipt of identifying information, the reclassification of drugs. Occasionally, this reclassification may shift a drug to a different therapeutic class and/or drug grouping.

**Universe:** The entire set of units for which generalizations are drawn. The universe for the DAWN hospital ED sample is all short-stay, non-Federal hospitals in the coterminous U.S. with EDs open 24 hours a day. (See also **Coterminous United States**).



**Detailed Tables**





**Table 1 - Estimated number of emergency department drug episodes, drug mentions, mentions of selected drugs, and total visits for total coterminous U.S. by half year: First half 1992 - second half 1997**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	P-val H1,H2, 97,97 <sup>1,2</sup>	P-val H2,H2, 96,97 <sup>1,3</sup>
<b>DRUG EPISODES</b>	214,587	218,905	230,234	230,676	252,625	265,896	270,855	242,777	251,672	262,675	265,194	261,864	0.374 -	0.904 -
<b>DRUG MENTIONS</b>	373,324	378,408	394,905	401,857	438,398	461,919	471,933	429,273	442,932	464,630	473,220	470,716	0.742 -	0.678 +
Alcohol-in-combination	68,939	72,833	71,227	72,347	77,606	83,138	86,587	80,338	80,400	85,785	85,230	86,751	0.602 +	0.857 +
Cocaine	57,723	62,119	60,931	62,492	68,443	74,435	73,183	62,618	71,435	80,998	78,722	82,365	0.146 +	0.771 +
Heroin/morphine	21,438	26,566	30,763	32,469	30,036	33,977	35,500	35,339	35,198	38,648	35,352	36,658	0.426 +	0.389 -
Acetaminophen	17,391	13,964	18,981	15,052	21,450	17,225	18,850	17,713	20,214	18,051	18,428	17,020	0.118 -	0.348 -
Aspirin	9,895	8,939	10,124	8,834	9,968	9,390	8,601	8,128	8,569	7,285	7,555	7,068	0.404 -	0.834 -
Ibuprofen	8,874	7,525	9,071	8,464	9,778	9,253	10,590	10,660	8,593	8,386	8,474	8,595	0.850 +	0.776 +
Alprazolam	8,314	8,184	8,106	8,726	8,054	9,129	9,059	8,023	8,795	7,860	8,686	8,782	0.892 +	0.120 +
Marijuana/hashish	11,511	12,487	13,577	15,296	19,078	21,105	24,277	20,994	24,892	28,897	32,402	32,343	0.953 -	0.037 +
Diazepam	6,640	7,308	6,625	5,785	5,877	7,691	7,404	6,843	6,520	7,081	6,830	6,537	0.642 -	0.442 -
Amitriptyline	5,300	4,831	4,690	5,174	6,059	5,238	4,848	4,050	5,286	3,587	4,385	4,059	0.591 -	0.312 +
Acetamin./codeine	3,772	3,322	3,769	3,886	3,151	3,698	3,427	3,402	2,885	2,948	3,570	3,019	0.309 -	0.861 +
OTC sleep aids	3,869	3,165	2,655	2,725	3,241	3,649	3,340	3,454	4,269	3,358	3,417	2,667	0.098 -	0.091 -
Lorazepam	4,317	4,608	4,756	5,436	5,718	6,530	6,072	5,184	5,411	4,623	5,505	5,313	0.717 -	0.286 +
d-Propoxyphene	3,247	3,304	4,209	3,830	3,971	3,507	3,654	3,361	3,527	3,252	3,411	4,203	0.242 +	0.106 +
Fluoxetine	4,289	4,038	3,449	4,088	4,354	4,769	4,719	4,781	5,155	4,441	5,385	5,111	0.562 -	0.265 +
Diphenhydramine	3,451	4,411	3,795	3,647	4,444	5,092	4,919	3,766	4,459	4,947	4,765	4,039	0.166 -	0.077 -
Methamphetamine/speed	2,592	3,971	4,224	5,702	7,824	9,841	9,678	6,257	4,197	6,805	8,218	8,936	0.275 +	0.036 +
Oxycodone	1,541	2,209	1,692	1,703	2,094	1,990	1,829	1,564	1,495	1,696	2,165	2,692	0.136 +	0.011 +
PCP/PCP combinations	2,267	3,016	3,327	3,288	2,962	3,057	3,233	3,004	1,976	1,948	2,210	1,985	0.347 -	0.898 +
Lithium carbonate	2,406	2,248	2,768	2,559	2,521	3,443	3,834	2,873	2,667	2,011	2,781	2,083	0.105 -	0.861 +
Clonazepam	4,159	4,062	4,893	5,282	5,954	6,204	6,381	6,421	6,834	6,541	7,364	7,233	0.877 -	0.302 +
Hydantoin	2,126	1,753	1,491	2,037	1,807	1,469	1,997	1,579	1,544	1,391	1,420	1,014	0.149 -	0.188 -
Hydrocodone	3,201	2,904	2,508	3,607	4,150	4,328	4,532	4,445	5,741	4,732	5,170	5,535	0.560 +	0.364 +
LSD	1,751	1,748	1,521	1,901	1,981	3,169	2,651	3,029	2,474	2,095	3,677	1,542	0.000 -	0.136 -
Triazolam	808	858	798	466	570	427	407	369	458	267	179	142	0.665 -	0.066 -
Phenobarbital	1,600	1,620	1,723	1,298	1,421	1,050	1,346	1,542	1,266	1,069	1,000	830	0.424 -	0.321 -
Doxepin	1,752	1,853	1,811	1,540	1,903	2,365	1,541	1,185	1,102	1,299	1,422	669	0.001 -	0.013 -
Cyclobenzaprine	1,526	1,205	1,544	1,103	1,432	1,699	1,320	1,603	1,608	1,991	1,551	2,075	0.205 +	0.855 +
Haloperidol	1,418	1,478	1,856	1,445	1,322	1,751	1,536	1,183	1,256	2,055	1,146	1,160	0.964 +	0.014 -
Amphetamine	1,659	2,054	2,271	3,267	4,266	5,398	5,633	3,747	3,508	5,801	4,461	5,774	0.043 +	0.976 -
Trazodone	2,304	2,337	2,973	2,710	3,275	4,018	4,814	4,641	4,789	4,421	4,188	4,545	0.568 +	0.852 +
Carisoprodol	2,911	3,011	2,598	3,972	3,484	3,088	4,392	3,379	3,770	3,509	2,960	3,174	0.642 +	0.489 -
Naproxen	1,542	1,148	1,907	1,218	2,126	2,176	2,361	2,892	2,309	2,237	2,710	2,620	0.818 -	0.275 +
Imipramine	2,419	1,952	1,731	1,564	1,457	1,307	1,572	910	735	1,102	826	557	0.177 -	0.113 -
Carbamazepine	1,619	1,700	2,266	2,556	1,952	1,929	1,932	1,700	1,878	1,861	1,625	1,845	0.622 +	0.968 -
Thioridazine	1,406	1,475	1,650	1,367	1,405	1,785	1,562	1,005	1,242	1,001	822	905	0.781 +	0.760 -
<b>Total ED visits**</b>	<b>42,046</b>	<b>43,899</b>	<b>43,500</b>	<b>44,151</b>	<b>44,439</b>	<b>45,190</b>	<b>44,027</b>	<b>44,521</b>	<b>45,314</b>	<b>45,876</b>	<b>44,342</b>	<b>45,378</b>	<b>0.000 +</b>	<b>0.000 -</b>

\*\* DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) annual survey.

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares the first and second halves of 1997.

<sup>3</sup> This column compares the second half of 1996 to the second half of 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 2 - Estimated number of emergency department drug episodes, drug mentions, mentions of selected drugs, and total visits, for total coterminous U.S. by year: 1990-1997**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	P-val 1996, 1997 <sup>1,2</sup>	P-val 1995, 1997 <sup>1,3</sup>
<b>DRUG EPISODES</b>	371,208	393,968	433,493	460,910	518,521	513,633	514,347	527,058	0.350 +	0.423 +
<b>DRUG MENTIONS</b>	635,460	674,861	751,731	796,762	900,317	901,206	907,561	943,937	0.195 +	0.217 +
Alcohol-in-combination	115,162	121,835	141,772	143,574	160,744	166,925	166,185	171,982	0.529 +	0.649 +
Cocaine	80,355	101,189	119,843	123,423	142,878	135,801	152,433	161,087	0.347 +	0.024 +
Heroin/morphine	33,884	35,898	48,003	63,232	64,013	70,838	73,846	72,010	0.648 -	0.787 +
Acetaminophen	25,422	30,445	31,355	34,033	38,674	36,563	38,265	35,448	0.107 -	0.530 -
Aspirin	19,188	21,669	18,834	18,958	19,358	16,729	15,854	14,623	0.447 -	0.092 -
Ibuprofen	16,299	15,411	16,400	17,534	19,031	21,250	16,979	17,070	0.943 +	0.000 -
Alprazolam	15,846	16,235	16,498	16,832	17,183	17,082	16,655	17,468	0.506 +	0.801 +
Marijuana/hashish	15,706	16,251	23,997	28,873	40,183	45,271	53,789	64,744	0.000 +	0.000 +
Diazepam	14,836	14,637	13,947	12,409	13,568	14,248	13,601	13,367	0.855 -	0.450 -
Amitriptyline	8,642	8,660	10,132	9,863	11,297	8,898	8,874	8,445	0.608 -	0.557 -
Acetamin./codeine	8,222	7,134	7,094	7,655	6,849	6,829	5,832	6,589	0.239 +	0.761 -
OTC sleep aids	7,984	6,339	7,034	5,380	6,890	6,794	7,628	6,084	0.035 -	0.360 -
Lorazepam	7,625	6,910	8,256	10,191	12,248	11,256	10,035	10,818	0.453 +	0.716 -
d-Propoxyphene	7,417	7,803	6,551	8,039	7,478	7,015	6,780	7,614	0.306 +	0.546 +
Fluoxetine	6,917	6,856	8,327	7,537	9,123	9,499	9,596	10,495	0.299 +	0.302 +
Diphenhydramine	6,483	6,739	7,861	7,442	9,537	8,685	9,406	8,804	0.437 -	0.878 +
Methamphetamine/speed	5,236	4,887	6,563	9,926	17,665	15,936	11,002	17,154	0.015 +	0.425 +
Oxycodone	4,526	3,941	3,750	3,395	4,084	3,393	3,190	4,857	0.001 +	0.041 +
PCP/PCP combinations	4,408	3,470	5,282	6,614	6,019	6,237	3,924	4,195	0.430 +	0.000 -
Lithium carbonate	4,402	4,506	4,653	5,327	5,964	6,707	4,678	4,864	0.780 +	0.008 -
Clonazepam	4,335	6,467	8,220	10,175	12,158	12,802	13,375	14,597	0.254 +	0.251 +
Hydantoin	4,026	3,146	3,879	3,528	3,276	3,576	2,935	2,434	0.276 -	0.014 -
Hydrocodone	3,921	5,012	6,105	6,115	8,478	8,977	10,473	10,705	0.876 +	0.169 +
LSD	3,869	3,846	3,499	3,422	5,150	5,681	4,569	5,219	0.263 +	0.508 -
Triazolam	3,801	3,363	1,666	1,264	997	776	726	322	0.015 -	0.006 -
Phenobarbital	3,668	3,016	3,220	3,021	2,471	2,888	2,335	1,830	0.219 -	0.045 -
Doxepin	3,457	3,734	3,605	3,351	4,268	2,726	2,402	2,091	0.433 -	0.115 -
Cyclobenzaprine	3,453	3,092	2,731	2,647	3,130	2,924	3,599	3,626	0.959 +	0.209 +
Haloperidol	3,415	3,176	2,896	3,301	3,072	2,718	3,311	2,306	0.038 -	0.259 -
Amphetamine	3,362	2,296	3,713	5,538	9,664	9,380	9,308	10,235	0.403 +	0.563 +
Trazodone	3,003	4,255	4,640	5,682	7,293	9,455	9,210	8,733	0.608 -	0.390 -
Carisoprodol	2,643	4,228	5,922	6,570	6,571	7,771	7,279	6,133	0.112 -	0.115 -
Naproxen	3,210	3,423	2,690	3,125	4,302	5,253	4,546	5,330	0.111 +	0.911 +
Imipramine	2,871	3,391	4,371	3,295	2,764	2,482	1,837	1,383	0.370 -	0.018 -
Carbamazepine	3,061	3,384	3,319	4,823	3,881	3,633	3,740	3,471	0.707 -	0.756 -
Thioridazine	2,251	2,679	2,881	3,017	3,190	2,567	2,243	1,727	0.216 -	0.040 -
<b>Total ED visits**</b>	<b>82,323</b>	<b>84,189</b>	<b>85,944</b>	<b>87,651</b>	<b>89,629</b>	<b>88,548</b>	<b>91,189</b>	<b>89,720</b>	<b>0.000 -</b>	<b>0.000 +</b>

\*\* DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) annual survey.

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares 1996 to 1997.

<sup>3</sup> This column compares 1995 to 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 3 - Estimated number of emergency department drug episodes, by metropolitan area by half year: First half 1992 - second half 1997****DRUG EPISODES**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	P-val H1,H2, 97,97 <sup>1,2</sup>	P-val H2,H2, 96,97 <sup>1,3</sup>
<b>TOTAL U.S.</b>	214,587	218,905	230,234	230,676	252,625	265,896	270,855	242,777	251,672	262,675	265,194	261,864	0.374 -	0.904 -
Atlanta	4,461	4,306	3,703	4,024	4,899	5,929	5,689	5,374	4,561	4,839	4,025	3,979	0.722 -	0.011 -
Baltimore	6,328	6,618	6,496	6,978	7,527	8,335	8,307	7,659	7,763	8,231	6,618	6,137	0.145 -	0.000 -
Boston (NECMA)	6,300	6,444	6,283	6,361	6,563	8,662	8,690	7,383	7,109	6,429	6,357	5,872	0.009 -	0.034 -
Buffalo	1,099	863	1,033	1,489	1,499	1,427	1,355	1,358	1,830	1,757	1,571	1,241	0.020 -	0.007 -
Chicago	8,950	8,631	8,216	9,762	9,963	11,548	11,728	10,157	10,974	12,550	12,846	14,045	0.000 +	0.039 +
Dallas	2,067	1,996	2,480	2,258	2,463	2,698	2,652	2,577	2,512	2,466	2,911	3,284	0.004 +	0.000 +
Denver	1,882	1,782	1,685	2,106	2,502	2,532	2,460	2,149	1,779	1,641	2,101	2,237	0.054 +	0.000 +
Detroit	7,538	8,239	9,193	9,976	9,251	7,910	10,587	8,043	10,596	10,225	9,363	8,241	0.232 -	0.155 -
Los Angeles - Long Beach	9,472	10,225	10,343	10,268	9,524	9,732	10,027	9,233	10,100	10,178	8,809	8,378	0.150 -	0.000 -
Miami - Hialeah	2,368	2,339	2,679	2,909	2,888	2,961	3,266	3,156	3,078	3,214	3,239	3,046	0.021 -	0.191 -
Minneapolis - St. Paul	1,909	2,013	2,163	2,395	2,342	2,269	2,229	2,098	2,377	2,459	2,563	2,410	0.320 -	0.850 -
New Orleans	2,910	2,442	2,088	2,004	2,328	2,411	2,619	3,249	2,900	2,944	2,602	2,607	0.943 +	0.025 -
New York	21,456	23,303	21,910	23,205	21,652	21,475	21,027	19,764	21,001	19,470	18,953	18,163	0.066 -	0.033 -
Newark	4,503	4,245	4,924	4,292	4,565	4,829	5,435	5,435	5,274	4,635	4,155	4,738	0.015 +	0.870 +
Philadelphia	10,238	10,335	10,326	9,474	8,352	9,360	10,361	10,142	10,610	11,025	11,457	11,772	0.300 +	0.379 +
Phoenix	3,064	3,039	3,152	2,778	3,175	3,704	4,184	3,729	3,820	3,614	3,747	3,581	0.001 -	0.485 -
St. Louis	2,317	2,088	2,046	1,974	2,919	3,121	3,080	2,582	3,021	3,168	2,835	2,828	0.972 -	0.253 -
San Diego	3,031	3,058	2,773	2,538	2,582	2,469	2,346	2,315	2,915	2,896	3,081	3,673	0.000 +	0.000 +
San Francisco	5,185	5,407	6,563	5,200	4,883	6,882	5,071	5,093	4,764	4,772	4,633	4,791	0.031 +	0.906 +
Seattle	2,633	3,567	3,604	3,662	4,952	5,097	4,494	4,024	4,370	4,106	5,102	5,491	0.013 +	0.024 +
Washington, D.C.	5,323	5,365	6,142	6,197	6,571	7,581	6,359	5,471	5,939	5,781	5,651	5,543	0.236 -	0.216 -
National Panel	101,554	102,601	112,431	110,825	131,225	134,964	138,888	121,786	124,379	136,275	142,574	139,806	0.433 -	0.584 +

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares the first and second halves of 1997.

<sup>3</sup> This column compares the second half of 1996 to the second half of 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 4 - Estimated number of emergency department drug episodes, by metropolitan area by year: 1990-1997**

**DRUG EPISODES**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	P-val 1996, 1997 <sup>1,2</sup>	P-val 1995, 1997 <sup>1,3</sup>
<b>TOTAL U.S.</b>	371,208	393,968	433,493	460,910	518,521	513,633	514,347	527,058	0.350 +	0.423 +
Atlanta	5,773	6,833	8,767	7,728	10,828	11,063	9,400	8,004	0.020 -	0.000 -
Baltimore	6,222	10,802	12,946	13,474	15,862	15,966	15,994	12,755	0.000 -	0.001 -
Boston (NECMA)	7,892	9,532	12,744	12,644	15,225	16,073	13,539	12,229	0.011 -	0.000 -
Buffalo	1,158	1,660	1,962	2,522	2,926	2,714	3,587	2,812	0.000 -	0.805 +
Chicago	14,125	13,875	17,580	17,978	21,511	21,885	23,524	26,891	0.013 +	0.008 +
Dallas	4,550	4,356	4,062	4,739	5,160	5,230	4,978	6,195	0.000 +	0.000 +
Denver	3,411	3,442	3,664	3,791	5,034	4,609	3,419	4,338	0.000 +	0.276 -
Detroit	11,527	14,327	15,777	19,169	17,162	18,630	20,822	17,604	0.148 -	0.644 -
Los Angeles - Long Beach	17,590	17,400	19,697	20,611	19,256	19,260	20,278	17,187	0.000 -	0.105 -
Miami - Hialeah	2,941	4,688	4,707	5,588	5,849	6,421	6,292	6,285	0.967 -	0.287 -
Minneapolis - St. Paul	3,615	3,696	3,923	4,558	4,611	4,327	4,836	4,974	0.809 +	0.236 +
New Orleans	5,835	5,767	5,353	4,092	4,739	5,868	5,844	5,209	0.002 -	0.004 -
New York	26,954	36,948	44,759	45,116	43,127	40,792	40,471	37,116	0.005 -	0.098 -
Newark	7,892	8,338	8,748	9,216	9,395	10,870	9,909	8,893	0.561 -	0.328 -
Philadelphia	17,826	16,845	20,573	19,801	17,711	20,502	21,634	23,229	0.278 +	0.188 +
Phoenix	5,225	5,918	6,103	5,930	6,879	7,913	7,434	7,327	0.390 -	0.006 -
St. Louis	3,787	4,594	4,405	4,020	6,039	5,662	6,188	5,664	0.246 -	0.996 +
San Diego	4,902	5,103	6,088	5,310	5,051	4,661	5,811	6,754	0.000 +	0.000 +
San Francisco	12,107	11,700	10,592	11,763	11,766	10,165	9,536	9,424	0.720 -	0.225 -
Seattle	3,864	4,744	6,200	7,266	10,049	8,517	8,476	10,593	0.069 +	0.069 +
Washington, D.C.	10,562	10,558	10,687	12,339	14,152	11,830	11,720	11,194	0.194 -	0.237 -
National Panel	193,450	192,840	204,155	223,256	266,189	260,674	260,654	282,380	0.096 +	0.173 +

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares 1996 to 1997.

<sup>3</sup> This column compares 1995 to 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 5 - Estimated number of emergency department drug mentions, by metropolitan area by half year: First half 1992 - second half 1997****DRUG MENTIONS**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	P-val H1,H2, 97,97 <sup>1,2</sup>	P-val H2,H2, 96,97 <sup>1,3</sup>
<b>TOTAL U.S.</b>	373,324	378,408	394,905	401,857	438,398	461,919	471,933	429,273	442,932	464,630	473,220	470,716	0.742 -	0.678 +
Atlanta	8,921	8,775	7,125	7,640	9,416	11,946	11,497	10,822	9,120	9,988	8,129	8,063	0.803 -	0.008 -
Baltimore	10,892	11,914	11,128	12,056	12,800	14,096	14,151	12,970	12,964	14,121	11,470	10,593	0.182 -	0.000 -
Boston (NECMA)	11,436	11,243	11,502	11,600	12,004	16,228	16,232	13,865	13,146	11,785	11,757	10,663	0.004 -	0.010 -
Buffalo	1,857	1,389	1,825	2,551	2,503	2,566	2,405	2,467	3,435	3,250	2,953	2,333	0.088 -	0.053 -
Chicago	15,598	14,934	14,241	17,111	17,310	19,963	20,576	17,861	19,683	22,755	24,192	26,337	0.001 +	0.016 +
Dallas	3,624	3,589	4,495	4,129	4,457	4,902	4,849	4,806	4,753	4,425	5,400	6,052	0.003 +	0.000 +
Denver	3,197	3,140	2,891	3,476	4,253	4,163	4,469	3,757	3,063	2,853	3,675	3,863	0.232 +	0.000 +
Detroit	13,565	14,813	17,079	18,636	16,683	14,065	19,445	14,732	20,025	19,012	17,212	15,291	0.284 -	0.168 -
Los Angeles - Long Beach	15,869	17,853	17,862	17,701	16,417	16,804	17,321	16,102	17,182	18,054	15,454	14,250	0.174 -	0.024 -
Miami - Hialeah	4,041	3,772	4,194	4,510	4,645	4,738	5,155	4,932	4,849	5,078	5,288	4,970	0.072 -	0.751 -
Minneapolis - St. Paul	3,780	3,957	4,191	4,564	4,616	4,414	4,300	4,042	4,570	4,594	4,887	4,497	0.274 -	0.829 -
New Orleans	5,217	4,656	4,212	4,013	4,576	4,883	5,044	6,090	5,490	5,550	4,775	4,949	0.205 +	0.050 -
New York	31,142	34,507	31,985	33,390	31,952	32,248	31,401	31,060	33,704	31,919	30,505	29,760	0.229 -	0.022 -
Newark	7,640	7,203	8,449	7,479	8,053	8,476	9,526	9,770	9,942	8,075	7,034	8,004	0.047 +	0.955 -
Philadelphia	17,321	18,495	18,629	16,366	14,867	16,850	18,722	18,252	19,108	19,693	21,016	21,844	0.073 +	0.212 +
Phoenix	5,100	4,974	5,225	4,785	5,325	6,238	7,043	6,169	6,536	5,999	6,354	6,309	0.694 -	0.000 +
St. Louis	3,911	3,699	3,524	3,283	5,409	5,612	5,693	4,681	5,414	5,626	4,977	5,343	0.355 +	0.618 -
San Diego	5,059	5,233	4,742	4,291	4,482	4,219	4,188	3,994	5,061	5,144	5,493	6,381	0.000 +	0.000 +
San Francisco	7,636	7,801	9,692	7,847	7,505	10,071	7,812	7,729	7,107	7,118	6,612	6,884	0.055 +	0.345 -
Seattle	4,346	6,007	6,094	6,032	8,442	8,731	7,520	6,588	7,105	6,638	8,723	9,506	0.001 +	0.010 +
Washington, D.C.	9,080	9,249	10,716	10,976	11,742	13,480	10,860	9,035	9,929	9,886	9,501	9,474	0.880 -	0.185 -
National Panel	184,092	181,205	195,104	199,419	230,940	237,227	243,724	219,548	220,748	243,067	257,815	255,354	0.735 -	0.388 +

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares the first and second halves of 1997.

<sup>3</sup> This column compares the second half of 1996 to the second half of 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 6 - Estimated number of emergency department drug mentions, by metropolitan area by year: 1990-1997**

**DRUG MENTIONS**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	P-val 1996, 1997 <sup>1,2</sup>	P-val 1995, 1997 <sup>1,3</sup>
<b>TOTAL U.S.</b>	635,460	674,861	751,731	796,762	900,317	901,206	907,561	943,937	0.195 +	0.217 +
Atlanta	10,272	13,230	17,696	14,766	21,362	22,319	19,108	16,191	0.021 -	0.000 -
Baltimore	9,890	18,011	22,806	23,185	26,897	27,121	27,085	22,063	0.000 -	0.006 -
Boston (NECMA)	14,139	17,239	22,679	23,102	28,231	30,097	24,932	22,420	0.006 -	0.000 -
Buffalo	1,886	2,688	3,246	4,376	5,069	4,873	6,685	5,286	0.000 -	0.594 +
Chicago	23,616	23,411	30,532	31,352	37,273	38,437	42,439	50,529	0.004 +	0.003 +
Dallas	8,042	7,761	7,213	8,624	9,360	9,655	9,178	11,452	0.000 +	0.000 +
Denver	5,978	5,981	6,338	6,367	8,417	8,226	5,916	7,538	0.000 +	0.167 -
Detroit	19,102	24,377	28,378	35,715	30,748	34,177	39,037	32,503	0.137 -	0.695 -
Los Angeles - Long Beach	30,386	30,223	33,723	35,564	33,221	33,423	35,236	29,703	0.026 -	0.223 -
Miami - Hialeah	4,636	7,694	7,813	8,704	9,383	10,087	9,926	10,258	0.465 +	0.605 +
Minneapolis - St. Paul	6,586	6,968	7,737	8,756	9,030	8,342	9,164	9,383	0.825 +	0.284 +
New Orleans	10,004	9,865	9,873	8,225	9,459	11,134	11,040	9,724	0.004 -	0.004 -
New York	40,532	52,336	65,648	65,375	64,199	62,461	65,623	60,265	0.004 -	0.477 -
Newark	14,209	15,046	14,843	15,928	16,529	19,296	18,017	15,038	0.453 -	0.324 -
Philadelphia	29,178	26,830	35,817	34,994	31,717	36,974	38,801	42,860	0.197 +	0.164 +
Phoenix	8,820	9,907	10,074	10,010	11,563	13,211	12,534	12,663	0.482 +	0.085 -
St. Louis	6,840	8,088	7,610	6,807	11,021	10,374	11,040	10,320	0.407 -	0.960 -
San Diego	8,202	8,896	10,291	9,033	8,701	8,182	10,205	11,874	0.000 +	0.000 +
San Francisco	18,071	17,210	15,436	17,538	17,576	15,541	14,224	13,495	0.125 -	0.040 -
Seattle	6,422	7,993	10,353	12,126	17,173	14,108	13,743	18,228	0.038 +	0.047 +
Washington, D.C.	17,943	18,234	18,329	21,692	25,222	19,896	19,815	18,975	0.228 -	0.376 -
National Panel	340,707	342,872	365,297	394,524	468,167	463,272	463,815	513,169	0.070 +	0.133 +

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares 1996 to 1997.

<sup>3</sup> This column compares 1995 to 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 7 - Estimated number of emergency department cocaine mentions, by metropolitan area by half year: First half 1992 - second half 1997**

**COCAINE**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	P-val H1,H2, 97,97 <sup>1,2</sup>	P-val H2,H2, 96,97 <sup>1,3</sup>
<b>TOTAL U.S.</b>	57,723	62,119	60,931	62,492	68,443	74,435	73,183	62,618	71,435	80,998	78,722	82,365	0.146 +	0.771 +
Atlanta	2,517	2,601	2,069	2,314	2,665	3,500	3,384	3,130	2,685	2,749	2,227	2,016	0.005 -	0.000 -
Baltimore	3,888	4,190	3,731	3,912	4,297	4,585	4,700	3,903	4,021	4,495	3,212	3,041	0.381 -	0.000 -
Boston (NECMA)	2,184	2,083	2,025	1,887	1,958	2,757	2,945	2,322	2,166	1,942	1,661	1,672	0.890 +	0.027 -
Buffalo	368	275	409	565	564	643	614	721	1,092	1,111	884	642	0.026 -	0.006 -
Chicago	4,139	4,075	3,764	4,876	4,839	5,958	6,003	4,699	5,734	6,954	7,100	7,273	0.392 +	0.525 +
Dallas	587	634	678	667	692	733	752	704	690	702	819	959	0.052 +	0.002 +
Denver	401	437	365	603	700	599	656	493	406	405	492	581	0.000 +	0.000 +
Detroit	3,140	3,799	4,195	4,796	4,585	3,379	5,420	3,347	5,255	5,180	4,489	3,604	0.179 -	0.126 -
Los Angeles - Long Beach	2,551	2,786	2,686	2,676	2,548	2,522	2,663	2,322	2,748	2,962	2,295	2,413	0.348 +	0.011 -
Miami - Hialeah	958	982	1,280	1,382	1,313	1,428	1,552	1,526	1,488	1,615	1,638	1,616	0.823 -	0.994 +
Minneapolis - St. Paul	243	206	202	256	252	327	237	229	301	375	359	377	0.647 +	0.979 +
New Orleans	1,713	1,135	821	866	967	917	863	1,154	1,078	1,302	1,177	1,186	0.893 +	0.096 -
New York	9,180	11,233	10,499	10,586	10,084	10,130	9,915	9,808	11,070	10,522	10,233	9,969	0.225 -	0.080 -
Newark	2,121	1,896	1,981	1,844	1,996	2,231	2,314	2,345	2,369	2,067	1,627	1,944	0.043 +	0.729 -
Philadelphia	5,403	5,583	5,168	4,775	4,064	4,382	4,875	4,627	4,915	5,470	5,404	5,798	0.024 +	0.520 +
Phoenix	413	495	487	350	499	568	667	498	651	731	675	659	0.454 -	0.031 -
St. Louis	691	754	616	604	1,154	1,175	1,108	734	877	975	707	787	0.449 +	0.242 -
San Diego	599	550	445	424	384	285	322	322	405	501	394	452	0.000 +	0.145 -
San Francisco	1,306	1,454	1,645	1,390	1,288	1,835	1,296	1,264	1,155	1,160	992	987	0.821 -	0.000 -
Seattle	561	885	836	924	1,380	1,517	1,211	946	1,128	1,015	1,267	1,583	0.003 +	0.034 +
Washington, D.C.	2,137	2,099	2,133	2,142	2,162	2,688	2,025	1,517	1,954	1,927	1,604	1,619	0.747 +	0.010 -
National Panel	12,624	13,967	14,897	14,653	20,051	22,279	19,663	16,005	19,248	26,837	29,465	33,189	0.116 +	0.157 +

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares the first and second halves of 1997.

<sup>3</sup> This column compares the second half of 1996 to the second half of 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 8 - Estimated number of emergency department cocaine mentions, by metropolitan area by year: 1990-1997**

**COCAINE**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	P-val 1996, 1997 <sup>1,2</sup>	P-val 1995, 1997 <sup>1,3</sup>
<b>TOTAL U.S.</b>	80,355	101,189	119,843	123,423	142,878	135,801	152,433	161,087	0.347 +	0.024 +
Atlanta	2,743	3,266	5,118	4,384	6,165	6,515	5,434	4,244	0.001 -	0.000 -
Baltimore	3,023	6,687	8,078	7,643	8,882	8,603	8,515	6,253	0.000 -	0.000 -
Boston (NECMA)	1,961	2,992	4,266	3,912	4,715	5,267	4,109	3,333	0.002 -	0.000 -
Buffalo	282	469	644	974	1,207	1,334	2,203	1,526	0.000 -	0.517 +
Chicago	4,904	5,575	8,214	8,640	10,797	10,702	12,688	14,373	0.079 +	0.009 +
Dallas	1,028	1,302	1,221	1,345	1,426	1,457	1,393	1,778	0.005 +	0.006 +
Denver	569	699	838	968	1,299	1,149	811	1,072	0.000 +	0.331 -
Detroit	3,888	5,919	6,939	8,991	7,964	8,767	10,435	8,093	0.174 -	0.684 -
Los Angeles - Long Beach	4,129	4,901	5,337	5,362	5,070	4,985	5,710	4,707	0.007 -	0.522 -
Miami - Hialeah	748	1,838	1,940	2,662	2,742	3,078	3,104	3,254	0.368 +	0.284 +
Minneapolis - St. Paul	299	396	449	457	578	465	675	736	0.658 +	0.005 +
New Orleans	3,397	3,486	2,847	1,686	1,884	2,018	2,380	2,363	0.843 -	0.008 +
New York	12,632	16,099	20,414	21,085	20,214	19,724	21,592	20,202	0.019 -	0.616 +
Newark	3,752	4,016	4,017	3,825	4,228	4,658	4,436	3,571	0.369 -	0.315 -
Philadelphia	8,920	8,769	10,986	9,943	8,446	9,502	10,384	11,202	0.404 +	0.225 +
Phoenix	614	803	908	838	1,067	1,165	1,382	1,334	0.441 -	0.000 +
St. Louis	700	1,419	1,445	1,220	2,329	1,841	1,852	1,494	0.092 -	0.258 -
San Diego	725	846	1,149	869	668	644	906	846	0.148 -	0.000 +
San Francisco	2,297	3,052	2,760	3,035	3,123	2,560	2,315	1,979	0.000 -	0.000 -
Seattle	777	1,124	1,446	1,760	2,896	2,157	2,143	2,850	0.089 +	0.086 +
Washington, D.C.	4,788	4,572	4,236	4,275	4,849	3,542	3,881	3,223	0.003 -	0.198 -
National Panel	18,178	22,958	26,591	29,550	42,330	35,668	46,085	62,654	0.062 +	0.012 +

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares 1996 to 1997.

<sup>3</sup> This column compares 1995 to 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).



**Table 9 - Estimated number of emergency department heroin/morphine mentions, by metropolitan area by half year:  
First half 1992 - second half 1997**

**HEROIN/MORPHINE**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	P-val H1,H2, 97,97 <sup>1,2</sup>	P-val H2,H2, 96,97 <sup>1,3</sup>
<b>TOTAL U.S.</b>	21,438	26,566	30,763	32,469	30,036	33,977	35,500	35,339	35,198	38,648	35,352	36,658	0.426 +	0.389 -
Atlanta	118	114	106	144	197	260	219	205	216	198	179	220	0.231 +	0.510 +
Baltimore	2,376	2,730	2,515	3,204	3,394	4,116	4,221	4,001	3,944	4,166	3,035	2,838	0.285 -	0.000 -
Boston (NECMA)	960	1,101	1,185	1,134	945	1,582	1,594	1,377	1,337	1,415	1,278	1,239	0.466 -	0.323 -
Buffalo	82	90	92	188	140	215	155	230	222	227	208	263	0.000 +	0.002 +
Chicago	1,440	1,518	1,480	2,101	2,283	2,505	2,243	2,482	2,628	3,654	3,959	4,674	0.003 +	0.004 +
Dallas	135	141	145	151	108	128	148	129	163	184	256	261	0.834 +	0.035 +
Denver	61	62	97	179	219	276	228	241	201	143	193	283	0.000 +	0.000 +
Detroit	867	976	1,118	1,262	1,130	975	1,343	1,058	1,614	1,600	1,584	1,462	0.657 -	0.688 -
Los Angeles - Long Beach	1,204	1,741	1,852	1,872	1,464	1,485	1,422	1,665	1,734	1,570	1,350	1,182	0.005 -	0.000 -
Miami - Hialeah	92	89	114	138	129	135	180	156	160	231	280	319	0.000 +	0.000 +
Minneapolis - St. Paul	42	52	61	76	41	37	48	58	49	78	83	88	0.501 +	0.698 +
New Orleans	88	65	57	83	83	114	107	167	135	173	219	212	0.485 -	0.000 +
New York	3,879	4,503	5,131	6,220	5,561	5,624	5,288	5,440	5,677	5,490	4,898	4,593	0.113 -	0.000 -
Newark	1,276	1,592	2,422	2,104	2,137	2,361	2,696	2,989	2,978	2,414	1,861	2,506	0.003 +	0.870 +
Philadelphia	1,182	1,182	1,362	1,116	1,029	1,411	1,877	2,002	1,955	1,985	1,738	2,079	0.000 +	0.707 +
Phoenix	171	153	251	236	246	236	232	258	290	345	414	418	0.812 +	0.095 +
St. Louis	84	119	133	82	216	192	206	188	243	259	253	219	0.305 -	0.483 -
San Diego	475	547	408	434	368	327	305	386	560	421	419	508	0.001 +	0.031 +
San Francisco	1,470	1,661	2,019	1,675	1,514	2,040	1,500	1,640	1,582	1,575	1,425	1,327	0.000 -	0.000 -
Seattle	385	714	873	854	995	1,098	948	1,086	1,247	1,195	1,403	1,519	0.112 +	0.084 +
Washington, D.C.	698	813	803	611	505	755	668	640	692	843	827	864	0.480 +	0.702 +
National Panel	4,354	6,602	8,540	8,607	7,332	8,105	9,872	8,941	7,569	10,483	9,490	9,584	0.951 +	0.670 -

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares the first and second halves of 1997.

<sup>3</sup> This column compares the second half of 1996 to the second half of 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 10 - Estimated number of emergency department heroin/morphine mentions, by metropolitan area by year: 1990-1997**

**HEROIN/MORPHINE**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	P-val 1996, 1997 <sup>1,2</sup>	P-val 1995, 1997 <sup>1,3</sup>
<b>TOTAL U.S.</b>	33,884	35,898	48,003	63,232	64,013	70,838	73,846	72,010	0.648 -	0.787 +
Atlanta	74	157	232	250	456	424	414	400	0.714 -	0.626 -
Baltimore	1,667	3,892	5,106	5,719	7,510	8,222	8,111	5,873	0.000 -	0.000 -
Boston (NECMA)	931	1,165	2,061	2,319	2,527	2,971	2,751	2,517	0.372 -	0.256 -
Buffalo	106	155	172	279	355	385	448	471	0.160 +	0.173 +
Chicago	2,039	2,262	2,958	3,581	4,787	4,725	6,282	8,633	0.002 +	0.001 +
Dallas	317	234	276	297	237	276	347	516	0.066 +	0.004 +
Denver	134	109	123	276	495	470	344	476	0.000 +	0.893 +
Detroit	1,552	1,828	1,843	2,380	2,106	2,401	3,214	3,046	0.692 -	0.024 +
Los Angeles - Long Beach	2,403	1,674	2,944	3,724	2,949	3,088	3,305	2,532	0.000 -	0.024 -
Miami - Hialeah	55	145	181	251	264	336	391	599	0.000 +	0.000 +
Minneapolis - St. Paul	92	76	94	138	78	106	127	170	0.284 +	0.036 +
New Orleans	259	223	152	140	197	274	308	431	0.000 +	0.000 +
New York	3,810	6,019	8,382	11,351	11,185	10,728	11,167	9,491	0.000 -	0.075 -
Newark	2,054	2,328	2,868	4,526	4,498	5,686	5,392	4,367	0.535 -	0.493 -
Philadelphia	2,653	2,424	2,364	2,478	2,440	3,879	3,941	3,817	0.807 -	0.945 -
Phoenix	353	348	324	487	483	490	635	832	0.007 +	0.000 +
St. Louis	105	177	204	215	408	394	502	472	0.682 -	0.161 +
San Diego	756	773	1,022	842	695	691	982	927	0.586 -	0.000 +
San Francisco	3,954	3,140	3,131	3,694	3,555	3,139	3,157	2,751	0.000 -	0.097 -
Seattle	616	789	1,100	1,727	2,092	2,034	2,442	2,922	0.163 +	0.023 +
Washington, D.C.	1,334	1,480	1,512	1,414	1,261	1,307	1,535	1,691	0.141 +	0.000 +
National Panel	8,618	6,502	10,956	17,146	15,437	18,813	18,052	19,074	0.765 +	0.940 +

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares 1996 to 1997.

<sup>3</sup> This column compares 1995 to 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 11 - Estimated number of emergency department marijuana/hashish mentions, by metropolitan area by half year:  
First half 1992 - second half 1997**

**MARIJUANA/HASHISH**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	P-val H1,H2, 97,97 <sup>1,2</sup>	P-val H2,H2, 96,97 <sup>1,3</sup>
<b>TOTAL U.S.</b>	11,511	12,487	13,577	15,296	19,078	21,105	24,277	20,994	24,892	28,897	32,402	32,343	0.953 -	0.037 +
Atlanta	446	511	404	445	637	890	832	839	692	855	770	808	0.389 +	0.648 -
Baltimore	294	379	312	313	364	405	393	552	507	686	689	713	0.526 +	0.626 +
Boston (NECMA)	514	491	548	637	812	1,059	1,277	1,122	1,091	1,036	921	847	0.426 -	0.007 -
Buffalo	35	29	50	88	108	122	100	195	271	241	275	197	0.093 -	0.369 -
Chicago	800	688	596	769	984	1,236	1,524	1,396	1,652	1,881	2,060	2,364	0.008 +	0.014 +
Dallas	178	163	194	173	242	235	247	308	294	262	435	481	0.199 +	0.000 +
Denver	92	140	86	116	211	195	313	183	147	141	215	290	0.000 +	0.000 +
Detroit	685	803	1,183	1,532	1,511	1,338	2,089	1,785	2,234	1,981	1,853	1,892	0.865 +	0.794 -
Los Angeles - Long Beach	609	722	914	831	890	768	899	807	1,031	1,101	1,061	1,023	0.656 -	0.565 -
Miami - Hialeah	216	148	212	260	318	393	478	491	503	513	565	465	0.000 -	0.310 -
Minneapolis - St. Paul	140	136	174	216	252	230	232	237	286	259	309	296	0.784 -	0.309 +
New Orleans	232	259	270	341	460	425	426	599	558	688	636	709	0.011 +	0.596 +
New York	869	1,134	1,011	1,081	1,181	1,408	1,516	1,460	1,723	1,848	1,942	1,901	0.681 -	0.645 +
Newark	187	209	219	218	268	360	413	331	346	281	249	251	0.940 +	0.492 -
Philadelphia	700	948	1,076	879	930	1,154	1,554	1,508	1,689	1,747	2,164	2,392	0.013 +	0.007 +
Phoenix	88	84	123	103	159	294	279	196	334	276	357	384	0.307 +	0.004 +
St. Louis	102	115	82	73	...	458	521	340	418	507	521	588	0.378 +	0.447 +
San Diego	190	227	274	205	273	240	229	251	285	341	456	514	0.001 +	0.000 +
San Francisco	112	167	227	224	231	248	259	247	232	193	195	195	1.000	0.898 +
Seattle	168	174	203	203	394	476	534	459	479	417	773	890	0.002 +	0.015 +
Washington, D.C.	617	643	1,007	1,095	1,193	1,519	1,092	943	1,090	1,077	1,169	1,225	0.306 +	0.028 +
National Panel	4,237	4,320	4,412	5,493	7,216	7,652	9,069	6,745	9,030	12,566	14,785	13,920	0.364 -	0.387 +

... Estimate does not meet standard of precision or is less than 10.

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares the first and second halves of 1997.

<sup>3</sup> This column compares the second half of 1996 to the second half of 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 12 - Estimated number of emergency department marijuana/hashish mentions, by metropolitan area by year: 1990-1997**

**MARIJUANA/HASHISH**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	P-val 1996, 1997 <sup>1,2</sup>	P-val 1995, 1997 <sup>1,3</sup>
<b>TOTAL U.S.</b>	15,706	16,251	23,997	28,873	40,183	45,271	53,789	64,744	0.000 +	0.000 +
Atlanta	407	610	957	849	1,527	1,671	1,547	1,578	0.857 +	0.515 -
Baltimore	186	355	672	625	770	945	1,194	1,402	0.204 +	0.040 +
Boston (NECMA)	327	616	1,006	1,185	1,870	2,400	2,127	1,768	0.005 -	0.071 -
Buffalo	28	54	64	138	230	295	512	472	0.205 -	0.029 +
Chicago	988	808	1,488	1,366	2,219	2,919	3,533	4,424	0.002 +	0.000 +
Dallas	354	253	341	367	477	555	556	916	0.000 +	0.000 +
Denver	174	173	232	202	406	497	288	505	0.000 +	0.939 +
Detroit	589	807	1,487	2,716	2,849	3,875	4,215	3,746	0.398 -	0.844 -
Los Angeles - Long Beach	1,100	1,055	1,331	1,745	1,658	1,706	2,132	2,084	0.816 -	0.077 +
Miami - Hialeah	131	443	364	472	711	969	1,015	1,030	0.852 +	0.350 +
Minneapolis - St. Paul	147	134	276	391	482	469	544	604	0.423 +	0.116 +
New Orleans	610	480	491	610	885	1,025	1,247	1,345	0.080 +	0.001 +
New York	1,282	1,195	2,004	2,092	2,589	2,976	3,571	3,842	0.142 +	0.000 +
Newark	475	...	396	436	628	743	627	500	0.238 -	0.086 -
Philadelphia	860	692	1,648	1,955	2,085	3,061	3,436	4,556	0.003 +	0.007 +
Phoenix	120	129	171	226	453	474	610	741	0.034 +	0.000 +
St. Louis	160	204	216	155	901	861	925	1,109	0.289 +	0.174 +
San Diego	294	290	416	479	513	480	626	970	0.000 +	0.000 +
San Francisco	451	305	278	451	479	507	425	390	0.214 -	0.012 -
Seattle	232	291	342	406	870	993	897	1,663	0.040 +	0.035 +
Washington, D.C.	915	959	1,259	2,102	2,712	2,035	2,167	2,394	0.137 +	0.297 +
National Panel	5,877	5,967	8,557	9,905	14,868	15,814	21,596	28,705	0.008 +	0.003 +

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares 1996 to 1997.

<sup>3</sup> This column compares 1995 to 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 13 - Estimated number of emergency department methamphetamine/speed mentions, by metropolitan area by half year: First half 1992 - second half 1997**

**METHAMPHETAMINE/SPEED**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	P-val H1,H2, 97,97 <sup>1,2</sup>	P-val H2,H2, 96,97 <sup>1,3</sup>
<b>TOTAL U.S.</b>	2,592	3,971	4,224	5,702	7,824	9,841	9,678	6,257	4,197	6,805	8,218	8,936	0.275 +	0.036 +
Atlanta	10	11	...	45	49	51	58	89	39	96	85	129	0.055 +	0.330 +
Baltimore	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Boston (NECMA)	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Buffalo	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicago	...	...	12	...	...	11	28	...	17	11	10	19	0.155 +	0.217 +
Dallas	36	33	50	...	62	92	124	78	53	62	77	82	0.428 +	0.056 +
Denver	14	18	29	26	57	88	100	77	45	59	149	143	0.326 -	0.000 +
Detroit	...	...	11	13	11	...	...	...	...	...	...	...	...	...
Los Angeles - Long Beach	300	527	605	622	677	722	813	464	575	694	596	633	0.459 +	0.484 -
Miami - Hialeah	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Minneapolis - St. Paul	14	28	15	27	37	27	57	36	49	59	110	...	...	...
New Orleans	...	12	...	...	...	10	...	11	10	12	...	17	...	0.343 +
New York	15	...	11	...	11	...	14	...	...	15	13	...	...	...
Newark	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Philadelphia	81	61	60	50	58	34	25	65	19	47	58	43	0.350 -	0.646 -
Phoenix	117	162	229	252	379	434	454	324	397	328	461	339	0.000 -	0.310 +
St. Louis	...	...	10	18	28	25	58	18	...	23	23	43	0.017 +	0.040 +
San Diego	412	519	422	508	486	427	413	272	288	378	418	558	0.000 +	0.000 +
San Francisco	327	361	538	454	475	782	622	484	403	531	484	528	0.285 +	0.931 -
Seattle	36	63	83	94	126	172	181	79	72	123	212	267	0.000 +	0.000 +
Washington, D.C.	...	...	...	...	...	32	...	10	...	...	...	...	...	...
National Panel	...	2,127	2,112	3,516	5,342	6,904	6,689	4,217	2,177	4,322	5,478	5,976	0.444 +	0.102 +

... Estimate does not meet standard of precision or is less than 10.

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares the first and second halves of 1997.

<sup>3</sup> This column compares the second half of 1996 to the second half of 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 14 - Estimated number of emergency department methamphetamine/speed mentions, by metropolitan area by year: 1990-1997**

**METHAMPHETAMINE/SPEED**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	P-val 1996, 1997 <sup>1,2</sup>	P-val 1995, 1997 <sup>1,3</sup>
<b>TOTAL U.S.</b>	5,236	4,887	6,563	9,926	17,665	15,936	11,002	17,154	0.015 +	0.425 +
Atlanta	96	38	21	55	101	147	135	214	0.067 +	0.160 +
Baltimore	10	...	...	...	...	...	...	...	...	...
Boston (NECMA)	15	13	12	15	...	...	...	13	...	...
Buffalo	...	...	...	...	...	...	...	...	...	...
Chicago	25	18	12	20	20	34	28	29	0.894 +	0.346 -
Dallas	159	99	68	79	154	203	115	159	0.004 +	0.221 -
Denver	76	38	31	55	145	176	105	292	0.000 +	0.000 +
Detroit	24	29	10	24	17	15	...	...	...	...
Los Angeles - Long Beach	442	506	828	1,226	1,400	1,276	1,268	1,229	0.732 -	0.761 -
Miami - Hialeah	...	...	...	...	...	...	...	10	...	...
Minneapolis - St. Paul	43	22	42	42	64	93	108	217	0.103 +	0.097 +
New Orleans	43	40	18	10	12	18	22	26	0.614 +	0.003 +
New York	20	12	20	16	21	23	21	32	0.348 +	0.100 +
Newark	...	...	11	...	...	...	...	...	...	...
Philadelphia	85	92	142	110	92	91	66	101	0.157 +	0.826 +
Phoenix	179	164	279	481	813	777	725	800	0.129 +	0.649 +
St. Louis	64	27	15	29	52	76	39	67	0.026 +	0.440 -
San Diego	758	515	931	929	913	686	666	976	0.000 +	0.000 +
San Francisco	740	839	688	992	1,258	1,106	934	1,012	0.118 +	0.228 -
Seattle	59	90	99	177	299	260	195	479	0.000 +	0.000 +
Washington, D.C.	18	22	...	20	33	24	11	...	...	...
National Panel	2,363	2,302	3,315	5,628	12,245	10,906	6,499	11,454	0.051 +	0.715 +

... Estimate does not meet standard of precision or is less than 10.

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares 1996 to 1997.

<sup>3</sup> This column compares 1995 to 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 15 - Estimated number of total emergency department visits, by metropolitan area by half year: First half 1992 - second half 1997****TOTAL ED VISITS**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	P-val H1,H2, 97,97 <sup>1,2</sup>	P-val H2,H2, 96,97 <sup>1,3</sup>
<b>TOTAL U.S.</b>	42,046	43,899	43,500	44,151	44,439	45,190	44,027	44,521	45,314	45,876	44,342	45,378	0.000 +	0.000 -
Atlanta	518	528	546	550	541	588	545	585	564	561	507	534	0.000 +	0.068 -
Baltimore	393	397	408	419	408	418	414	423	429	436	434	440	0.000 +	0.067 +
Boston (NECMA)	868	882	862	884	818	861	797	804	834	880	784	784	0.000 +	0.000 -
Buffalo	170	176	165	169	158	166	150	151	145	149	132	136	0.000 +	0.000 -
Chicago	1,082	1,115	1,020	1,040	1,063	1,082	1,093	1,123	1,095	1,109	1,071	1,126	0.000 +	0.000 +
Dallas	368	389	389	407	409	417	416	427	417	419	449	438	0.000 -	0.000 +
Denver	228	242	244	242	223	225	228	237	230	216	216	223	0.000 +	0.000 +
Detroit	741	767	770	798	722	713	752	761	746	791	729	720	0.000 -	0.000 -
Los Angeles - Long Beach	1,118	1,178	1,215	1,204	1,158	1,218	1,115	1,123	1,177	1,158	1,068	1,165	0.000 +	0.000 +
Miami - Hialeah	275	289	286	285	307	300	309	313	318	314	329	339	0.000 +	0.000 +
Minneapolis - St. Paul	305	318	307	323	273	288	336	347	346	345	335	347	0.000 +	0.000 +
New Orleans	252	269	272	263	280	285	287	288	297	306	285	291	0.000 +	0.000 -
New York	1,599	1,634	1,611	1,599	1,641	1,715	1,599	1,597	1,829	1,795	1,735	1,698	0.000 -	0.000 -
Newark	301	316	342	328	331	347	347	355	332	349	321	328	0.000 +	0.000 -
Philadelphia	897	930	869	884	804	815	828	829	821	836	807	831	0.000 +	0.303 -
Phoenix	312	319	340	305	322	323	348	352	384	347	348	342	0.000 -	0.000 -
St. Louis	377	412	439	455	460	457	440	429	445	436	409	433	0.000 +	0.003 -
San Diego	302	312	317	301	264	256	243	260	291	284	291	295	0.000 +	0.000 +
San Francisco	276	267	309	281	287	291	238	243	252	243	239	241	0.000 +	0.000 -
Seattle	308	344	363	334	353	349	279	291	309	290	283	299	0.000 +	0.000 +
Washington, D.C.	520	528	569	587	587	608	582	594	535	555	536	541	0.000 +	0.000 -
National Panel	30,836	32,288	31,858	32,496	33,030	33,468	32,681	32,989	33,518	34,059	33,036	33,829	0.000 +	0.005 -

<sup>\*\*</sup> DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) annual survey.

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares the first and second halves of 1997.

<sup>3</sup> This column compares the second half of 1996 to the second half of 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 16 - Estimated number of total emergency department visits,  
by metropolitan area by year: 1990-1997**

**TOTAL ED VISITS\*\***

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	P-val 1996, 1997 <sup>1,2</sup>	P-val 1995, 1997 <sup>1,3</sup>
<b>TOTAL U.S.</b>	82,323	84,189	85,944	87,651	89,629	88,548	91,189	89,720	0.000 -	0.000 +
Atlanta	1,033	1,059	1,046	1,096	1,129	1,129	1,125	1,041	0.003 -	0.000 -
Baltimore	764	803	790	827	825	838	865	873	0.051 +	0.000 +
Boston (NECMA)	1,662	1,683	1,749	1,746	1,679	1,601	1,714	1,568	0.000 -	0.000 -
Buffalo	330	336	346	333	324	300	294	268	0.000 -	0.000 -
Chicago	2,152	2,098	2,197	2,060	2,145	2,216	2,204	2,197	0.000 -	0.000 -
Dallas	735	722	757	796	826	843	835	886	0.000 +	0.000 +
Denver	431	427	469	486	448	464	446	439	0.000 -	0.000 -
Detroit	1,556	1,522	1,507	1,568	1,435	1,513	1,537	1,449	0.000 -	0.000 -
Los Angeles - Long Beach	2,335	2,303	2,296	2,419	2,376	2,237	2,335	2,233	0.000 -	0.000 -
Miami - Hialeah	533	574	565	571	607	622	632	668	0.000 +	0.000 +
Minneapolis - St. Paul	616	656	623	630	561	683	691	683	0.000 -	0.000 +
New Orleans	506	506	521	535	566	575	603	576	0.000 -	0.000 +
New York	3,386	3,221	3,233	3,210	3,356	3,196	3,624	3,432	0.000 -	0.000 +
Newark	752	637	617	670	679	702	681	649	0.000 -	0.000 -
Philadelphia	1,857	1,720	1,827	1,752	1,619	1,657	1,657	1,638	0.046 -	0.041 -
Phoenix	544	601	631	645	645	701	732	690	0.000 -	0.000 -
St. Louis	783	863	789	894	917	869	880	841	0.000 -	0.000 -
San Diego	594	612	614	618	520	504	575	586	0.000 +	0.000 +
San Francisco	554	558	543	589	578	481	495	479	0.000 -	0.000 -
Seattle	602	637	652	697	702	570	599	582	0.000 -	0.000 +
Washington, D.C.	1,112	1,101	1,048	1,156	1,195	1,176	1,090	1,077	0.000 -	0.000 -
National Panel	59,486	61,553	63,124	64,354	66,498	65,670	67,577	66,864	0.000 -	0.000 +

\*\* DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) annual survey.

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares 1996 to 1997.

<sup>3</sup> This column compares 1995 to 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).



**Table 17 - Estimated number of emergency department drug episodes, by age, sex, race/ethnicity, hospital location, drug use motive, and reason for emergency department visit: First half 1992 - second half 1997**

**DRUG EPISODES**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	P-val H1,H2, 97,97 <sup>1,2</sup>	P-val H2,H2, 96,97 <sup>1,3</sup>
<b>TOTAL U.S.**</b>	214,587	218,905	230,234	230,676	252,625	265,896	270,855	242,777	251,672	262,675	265,194	261,864	0.374 -	0.904 -
Age 6-34	139,513	138,374	146,567	141,765	158,735	166,198	165,408	144,530	150,391	152,993	155,293	151,416	0.103 -	0.681 -
Age 12-17	24,899	21,923	27,092	22,947	31,498	28,974	32,604	28,118	33,383	30,566	33,126	28,312	0.000 -	0.133 -
Age 18-25	49,053	47,254	49,936	48,340	54,393	57,868	54,238	49,471	47,928	50,697	52,641	52,006	0.565 -	0.403 +
Age 26-34	64,731	68,775	68,730	69,904	72,398	78,797	77,881	66,123	68,461	71,174	68,917	69,981	0.512 +	0.558 -
Age 35+	74,610	79,960	82,902	88,355	91,698	98,447	104,781	97,536	100,825	109,280	108,947	109,683	0.721 +	0.913 +
Male	107,213	112,394	112,469	119,252	125,998	137,336	135,680	120,457	122,807	134,851	136,327	133,638	0.360 -	0.790 -
Female	105,434	104,617	115,477	109,048	124,538	125,795	132,477	119,685	125,878	125,194	126,468	125,761	0.758 -	0.868 +
White	116,640	119,003	121,955	123,288	135,083	144,229	145,154	132,484	134,980	139,078	143,733	140,509	0.350 -	0.800 +
Black	60,797	62,083	62,747	64,181	68,527	72,645	74,541	64,848	65,063	70,269	68,043	66,853	0.455 -	0.181 -
Hispanic	20,644	21,529	24,731	23,503	24,552	25,886	25,830	21,531	26,446	28,586	26,454	26,253	0.852 -	0.177 -
Other race	2,279	2,612	3,303	2,541	3,099	2,951	3,089	2,447	3,201	2,819	3,107	2,990	0.672 -	0.627 +
Race unknown	14,227	13,678	17,497	17,163	21,365	20,185	22,241	21,468	21,982	21,923	23,856	25,259	0.347 +	0.122 +
Central city	78,047	80,845	79,196	83,014	82,369	87,900	89,537	81,834	85,920	86,007	81,984	81,597	0.790 -	0.061 -
Outside central city	34,986	35,459	38,182	36,360	39,031	43,032	42,430	39,157	41,373	40,393	40,635	40,461	0.780 -	0.948 +
National Panel	101,554	102,601	112,431	110,825	131,225	134,964	138,888	121,786	124,379	136,275	142,574	139,806	0.433 -	0.584 +
Recreational use	16,240	18,768	17,781	18,640	19,963	23,985	23,593	22,614	23,536	30,336	29,082	26,993	0.194 -	0.127 -
Dependence	65,708	69,572	71,361	72,792	79,301	86,240	88,295	75,696	80,971	86,499	87,460	91,101	0.252 +	0.446 +
Suicide	87,930	84,474	92,042	88,170	99,775	99,997	104,401	96,718	95,668	95,742	99,635	91,847	0.001 -	0.239 -
Other/unknown motive	44,710	46,092	49,050	51,075	53,586	55,674	54,566	47,749	51,497	50,098	49,017	51,924	0.241 +	0.589 +
Unexpected reaction	23,966	28,622	26,870	27,699	31,189	35,406	31,284	26,098	28,940	32,963	35,504	33,183	0.152 -	0.916 +
Overdose	117,680	114,994	123,562	120,203	132,232	137,341	141,373	130,349	127,055	125,860	128,330	116,594	0.000 -	0.004 -
Chronic effects	23,556	23,308	24,989	25,192	26,904	29,106	33,188	26,978	26,987	26,480	24,116	25,157	0.515 +	0.478 -
Seeking detox.	21,824	22,991	24,734	22,664	25,058	27,155	26,545	23,938	28,388	31,535	32,226	35,662	0.188 +	0.414 +
Withdrawal	4,107	5,744	4,720	6,405	7,233	6,791	8,161	6,965	7,223	7,790	6,984	8,193	0.015 +	0.457 +
Other/unknown reason	23,453	23,247	25,359	28,514	30,008	30,097	30,305	28,449	33,079	38,047	38,034	43,076	0.004 +	0.012 +

\*\*\* Total includes patients whose sex or age was unknown.

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares the first and second halves of 1997.

<sup>3</sup> This column compares the second half of 1996 to the second half of 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 18 - Estimated number of emergency department drug episodes, by age, sex, race/ethnicity, hospital location, drug use motive, and reason for emergency department visit: 1990-1997**

**DRUG EPISODES**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	P-val 1996, 1997 <sup>1,2</sup>	P-val 1995, 1997 <sup>1,3</sup>
<b>TOTAL U.S.**</b>	371,208	393,968	433,493	460,910	518,521	513,633	514,347	527,058	0.350 +	0.423 +
Age 6-34	254,297	261,873	277,887	288,332	324,933	309,937	303,384	306,709	0.649 +	0.729 -
Age 12-17	49,109	47,494	46,822	50,039	60,472	60,722	63,949	61,437	0.312 -	0.808 +
Age 18-25	92,236	92,410	96,307	98,276	112,262	103,708	98,625	104,647	0.048 +	0.815 +
Age 26-34	111,980	121,354	133,506	138,634	151,195	144,003	139,634	138,897	0.865 -	0.303 -
Age 35+	115,954	130,852	154,570	171,257	190,145	202,316	210,105	218,630	0.264 +	0.073 +
Male	172,976	189,455	219,607	231,721	263,334	256,137	257,658	269,965	0.132 +	0.172 +
Female	194,028	200,972	210,051	224,526	250,333	252,162	251,072	252,229	0.864 +	0.993 +
White	217,191	221,541	235,643	245,243	279,312	277,637	274,057	284,242	0.357 +	0.600 +
Black	88,317	106,914	122,880	126,929	141,171	139,389	135,332	134,896	0.944 -	0.539 -
Hispanic	29,834	33,082	42,174	48,233	50,438	47,360	55,032	52,707	0.408 -	0.402 +
Other race	3,631	4,298	4,892	5,844	6,050	5,536	6,020	6,097	0.881 +	0.329 +
Race unknown	32,236	28,133	27,905	34,660	41,550	43,709	43,905	49,115	0.197 +	0.467 +
Central city	113,455	136,436	158,892	162,210	170,269	171,372	171,926	163,581	0.033 -	0.111 -
Outside central city	64,304	64,692	70,445	74,542	82,063	81,587	81,766	81,096	0.781 -	0.866 -
National Panel	193,450	192,840	204,155	223,256	266,189	260,674	260,654	282,380	0.096 +	0.173 +
Recreational use	29,817	30,362	35,008	36,421	43,948	46,207	53,873	56,075	0.513 +	0.051 +
Dependence	96,346	114,009	135,280	144,152	165,541	163,991	167,470	178,561	0.340 +	0.212 +
Suicide	172,816	172,710	172,403	180,212	199,773	201,120	191,410	191,481	0.992 +	0.255 -
Other/unknown motive	72,230	76,887	90,801	100,125	109,259	102,315	101,595	100,941	0.897 -	0.791 -
Unexpected reaction	37,276	41,246	52,588	54,569	66,595	57,382	61,902	68,687	0.035 +	0.036 +
Overdose	224,824	224,189	232,674	243,765	269,573	271,722	252,915	244,924	0.233 -	0.002 -
Chronic effects	37,069	43,964	46,865	50,180	56,010	60,166	53,467	49,273	0.151 -	0.005 -
Seeking detox.	31,070	36,704	44,815	47,398	52,213	50,483	59,923	67,888	0.421 +	0.105 +
Withdrawal	8,159	7,166	9,851	11,125	14,025	15,127	15,013	15,176	0.878 +	0.973 +
Other/unknown reason	32,809	40,699	46,700	53,872	60,105	58,754	71,127	81,110	0.003 +	0.000 +

\*\*\* Total includes patients whose sex or age was unknown.

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares 1996 to 1997.

<sup>3</sup> This column compares 1995 to 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 19 - Estimated number of emergency department drug mentions, by age, sex, race/ethnicity, hospital location, drug use motive, and reason for emergency department visit: First half 1992 - second half 1997**

**DRUG MENTIONS**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	P-val H1,H2, 97,97 <sup>1,2</sup>	P-val H2,H2, 96,97 <sup>1,3</sup>
<b>TOTAL U.S.**</b>	373,324	378,408	394,905	401,857	438,398	461,919	471,933	429,273	442,932	464,630	473,220	470,716	0.742 -	0.678 +
Age 6-34	240,168	236,364	248,051	244,305	272,779	282,465	282,169	250,727	257,923	267,326	271,389	268,280	0.505 -	0.899 +
Age 12-17	39,172	33,797	40,713	36,421	49,404	44,250	50,506	42,536	50,145	46,514	52,456	46,170	0.010 -	0.917 -
Age 18-25	85,152	81,528	83,684	83,591	93,038	98,233	92,590	86,061	81,437	89,945	92,600	93,133	0.818 +	0.307 +
Age 26-34	114,904	120,418	122,542	123,681	129,779	139,345	138,235	121,140	125,525	130,138	125,315	127,637	0.478 +	0.530 -
Age 35+	132,495	141,114	145,360	156,665	162,871	177,748	188,693	177,294	184,247	196,454	200,310	201,077	0.864 +	0.585 +
Male	186,668	196,120	194,715	205,480	223,271	239,186	239,965	214,214	219,983	242,521	244,437	242,043	0.711 -	0.963 -
Female	182,896	178,676	196,407	192,145	211,479	217,633	227,283	210,470	217,656	217,617	224,909	224,458	0.919 -	0.314 +
White	213,182	213,611	216,776	223,412	240,915	260,311	260,361	243,975	243,698	253,185	265,068	260,410	0.493 -	0.542 +
Black	100,064	105,736	106,201	108,759	117,266	123,184	129,976	110,427	112,470	121,325	118,566	117,978	0.847 -	0.539 -
Hispanic	33,487	33,898	39,100	37,237	39,737	40,848	40,497	34,493	44,629	48,745	44,889	46,466	0.329 +	0.411 -
Other race	3,798	4,229	5,318	4,379	5,133	4,725	4,944	4,026	5,545	5,438	4,890	4,959	0.872 +	0.543 -
Race unknown	22,792	20,934	27,510	28,069	35,347	32,851	36,155	36,352	36,590	35,936	39,807	40,904	0.689 +	0.151 +
Central city	127,213	133,925	130,936	137,459	137,657	147,683	152,191	139,906	147,940	149,567	142,699	142,178	0.854 -	0.118 -
Outside central city	62,019	63,278	68,390	64,443	69,801	77,010	76,018	69,819	74,244	71,995	72,706	73,185	0.661 +	0.573 +
National Panel	184,092	181,205	195,104	199,419	230,940	237,227	243,724	219,548	220,748	243,067	257,815	255,354	0.735 -	0.388 +
Recreational use	26,234	29,466	28,960	31,421	32,825	37,642	37,929	36,851	38,289	51,074	48,885	45,229	0.152 -	0.107 -
Dependence	107,305	114,168	117,686	118,289	131,925	143,424	148,717	128,299	139,928	150,209	152,316	159,865	0.251 +	0.427 +
Suicide	164,606	157,385	168,217	167,209	185,927	187,231	192,770	181,021	177,710	177,789	188,644	176,055	0.007 -	0.802 -
Other/unknown motive	75,179	77,389	80,042	84,937	87,722	93,623	92,516	83,102	87,004	85,558	83,376	89,567	0.200 +	0.531 +
Unexpected reaction	37,288	45,650	43,461	45,489	50,906	56,893	51,730	43,200	46,957	53,676	59,223	54,407	0.090 -	0.826 +
Overdose	215,880	209,054	219,468	220,876	236,971	250,532	253,855	238,810	230,787	230,813	236,689	219,593	0.000 -	0.085 -
Chronic effects	36,287	35,202	36,842	37,299	41,578	44,695	53,156	43,214	43,780	42,453	39,269	40,399	0.653 +	0.504 -
Seeking detox.	37,503	40,331	44,430	38,887	44,844	47,307	49,485	43,842	52,883	58,745	59,974	69,443	0.058 +	0.284 +
Withdrawal	6,144	8,712	7,177	9,974	10,751	10,156	11,595	9,929	10,920	11,764	10,647	11,897	0.165 +	0.898 +
Other/unknown reason	40,221	39,458	43,527	49,330	53,348	52,337	52,112	50,279	57,605	67,177	67,418	74,977	0.017 +	0.048 +

\*\*\* Total includes patients whose sex or age was unknown.

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares the first and second halves of 1997.

<sup>3</sup> This column compares the second half of 1996 to the second half of 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 20 - Estimated number of emergency department drug mentions, by age, sex, race/ethnicity, hospital location, drug use motive, and reason for emergency department visit: 1990-1997**

**DRUG MENTIONS**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	P-val 1996, 1997 <sup>1,2</sup>	P-val 1995, 1997 <sup>1,3</sup>
<b>TOTAL U.S.**</b>	635,460	674,861	751,731	796,762	900,317	901,206	907,561	943,937	0.195 +	0.217 +
Age 6-34	428,126	440,437	476,533	492,356	555,245	532,896	525,249	539,669	0.291 +	0.722 +
Age 12-17	75,375	72,545	72,970	77,134	93,654	93,041	96,659	98,626	0.714 +	0.334 +
Age 18-25	153,993	153,202	166,680	167,275	191,271	178,651	171,382	185,733	0.014 +	0.407 +
Age 26-34	196,987	213,864	235,322	246,224	269,124	259,375	255,663	252,952	0.724 -	0.515 -
Age 35+	205,788	232,532	273,609	302,025	340,618	365,987	380,701	401,388	0.211 +	0.068 +
Male	301,455	325,953	382,788	400,195	462,457	454,180	462,505	486,480	0.170 +	0.134 +
Female	326,563	342,839	361,572	388,552	429,112	437,753	435,273	449,367	0.277 +	0.474 +
White	386,693	396,904	426,793	440,188	501,226	504,336	496,883	525,478	0.195 +	0.415 +
Black	143,186	173,347	205,800	214,960	240,450	240,403	233,795	236,544	0.818 +	0.784 -
Hispanic	47,278	51,928	67,384	76,337	80,585	74,990	93,374	91,355	0.696 -	0.225 +
Other race	6,008	6,861	8,027	9,697	9,859	8,970	10,982	9,849	0.350 -	0.392 +
Race unknown	52,295	45,820	43,726	55,580	68,198	72,507	72,526	80,711	0.242 +	0.518 +
Central city	183,946	217,701	261,137	268,395	285,340	292,097	297,507	284,877	0.103 -	0.436 -
Outside central city	110,807	114,288	125,297	132,833	146,811	145,836	146,240	145,891	0.945 -	0.992 +
National Panel	340,707	342,872	365,297	394,524	468,167	463,272	463,815	513,169	0.070 +	0.133 +
Recreational use	47,865	47,320	55,700	60,381	70,467	74,780	89,363	94,115	0.410 +	0.024 +
Dependence	155,457	184,101	221,472	235,976	275,348	277,016	290,137	312,180	0.321 +	0.148 +
Suicide	313,923	315,936	321,991	335,426	373,158	373,791	355,499	364,698	0.527 +	0.587 -
Other/unknown motive	118,216	127,504	152,568	164,979	181,344	175,618	172,562	172,944	0.966 +	0.777 -
Unexpected reaction	59,976	62,606	82,938	88,951	107,799	94,930	100,633	113,630	0.010 +	0.035 +
Overdose	400,167	403,791	424,935	440,343	487,503	492,665	461,600	456,282	0.676 -	0.042 -
Chronic effects	54,834	66,551	71,489	74,141	86,273	96,371	86,233	79,668	0.194 -	0.009 -
Seeking detox.	54,451	63,071	77,834	83,318	92,151	93,326	111,628	129,417	0.354 +	0.106 +
Withdrawal	11,920	11,121	14,856	17,151	20,907	21,524	22,684	22,544	0.930 -	0.622 +
Other/unknown reason	54,112	67,720	79,679	92,858	105,685	102,390	124,782	142,394	0.005 +	0.000 +

\*\*\* Total includes patients whose sex or age was unknown.

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, p-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares 1996 to 1997.

<sup>3</sup> This column compares 1995 to 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 21 - Estimated number of emergency department cocaine mentions, by age, sex, race/ethnicity, hospital location, drug use motive, and reason for emergency department visit:  
First half 1992 - second half 1997**

**COCAINE**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	P-val H1,H2, 97,97 <sup>1,2</sup>	P-val H2,H2, 96,97 <sup>1,3</sup>
<b>TOTAL U.S.**</b>	57,723	62,119	60,931	62,492	68,443	74,435	73,183	62,618	71,435	80,998	78,722	82,365	0.146 +	0.771 +
Age 6-34	38,193	39,996	38,406	37,988	41,984	45,976	43,258	34,868	39,692	43,699	42,175	43,830	0.327 +	0.963 +
Age 12-17	710	823	578	992	1,100	954	1,191	860	1,236	1,345	2,084	1,547	0.057 -	0.452 +
Age 18-25	11,936	11,947	11,109	11,050	11,821	13,571	11,699	9,417	10,207	11,858	12,340	12,880	0.444 +	0.357 +
Age 26-34	25,537	27,223	26,714	25,944	29,061	31,439	30,362	24,591	28,243	30,489	27,743	29,400	0.194 +	0.553 -
Age 35+	19,362	21,926	22,259	24,354	26,076	28,162	29,829	27,518	31,561	37,162	36,302	38,301	0.075 +	0.624 +
Male	38,443	42,152	40,944	41,743	45,562	50,563	48,391	41,308	46,286	54,606	52,059	54,122	0.262 +	0.884 -
Female	18,570	19,624	19,597	20,339	22,498	23,165	23,976	20,703	24,537	25,650	26,089	27,268	0.243 +	0.355 +
White	15,590	16,337	15,799	16,919	19,127	21,716	20,810	19,208	20,726	23,994	24,049	26,823	0.091 +	0.340 +
Black	33,126	35,997	34,332	34,374	36,247	40,737	40,503	32,914	36,990	40,997	40,770	41,491	0.541 +	0.825 +
Hispanic	5,802	6,022	6,211	6,502	7,028	6,345	6,005	5,498	7,959	9,781	8,498	8,262	0.753 -	0.123 -
Other race	222	280	226	336	534	356	290	251	464	336	377	447	0.484 +	0.209 +
Race unknown	2,984	3,483	4,363	4,361	5,505	5,282	5,575	4,747	5,296	5,891	5,028	5,343	0.358 +	0.336 -
Central city	35,672	38,917	36,270	38,408	38,184	40,642	42,416	37,261	41,400	43,143	39,359	39,143	0.816 -	0.007 -
Outside central city	9,427	9,235	9,624	9,290	10,207	11,515	11,105	9,352	10,787	11,018	9,897	10,034	0.607 +	0.055 -
National Panel	12,624	13,967	14,897	14,653	20,051	22,279	19,663	16,005	19,248	26,837	29,465	33,189	0.116 +	0.157 +
Recreational use	7,229	7,769	6,663	7,403	7,628	8,485	8,025	8,310	8,248	13,158	11,299	11,512	0.833 +	0.320 -
Dependence	37,846	39,609	39,450	38,442	43,971	47,295	46,942	39,808	46,228	48,879	48,304	50,850	0.318 +	0.689 +
Suicide	3,395	4,007	4,710	4,687	5,558	6,161	6,337	5,735	5,978	7,067	6,936	7,513	0.292 +	0.496 +
Other/unknown motive	9,253	10,735	10,108	11,960	11,287	12,494	11,880	8,764	10,981	11,895	12,183	12,490	0.790 +	0.677 +
Unexpected reaction	13,017	15,739	14,054	13,799	16,002	17,760	14,404	11,532	14,316	16,108	16,725	16,138	0.456 -	0.977 +
Overdose	7,747	8,495	8,840	10,151	10,105	12,086	11,111	10,141	10,320	12,464	12,089	12,159	0.951 +	0.761 -
Chronic effects	12,010	11,397	11,379	11,565	13,467	13,562	17,665	13,478	14,333	13,895	12,678	12,192	0.490 -	0.091 -
Seeking detox.	14,736	16,090	17,041	14,759	16,892	18,795	17,877	15,688	19,729	22,432	22,351	25,491	0.156 +	0.434 +
Withdrawal	1,153	1,115	1,271	1,800	1,683	1,672	1,632	1,843	1,914	1,760	1,578	1,843	0.175 +	0.794 +
Other/unknown reason	9,061	9,283	8,345	10,419	10,293	10,560	10,495	9,936	10,823	14,340	13,300	14,542	0.103 +	0.855 +

\*\*\* Total includes patients whose sex or age was unknown.

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares the first and second halves of 1997.

<sup>3</sup> This column compares the second half of 1996 to the second half of 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 22 - Estimated number of emergency department cocaine mentions, by age, sex, race/ethnicity, hospital location, drug use motive, and reason for emergency department visit: 1990-1997**

**COCAINE**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	P-val 1996, 1997 <sup>1,2</sup>	P-val 1995, 1997 <sup>1,3</sup>
<b>TOTAL U.S.**</b>	80,355	101,189	119,843	123,423	142,878	135,801	152,433	161,087	0.347 +	0.024 +
Age 6-34	57,131	70,113	78,188	76,394	87,960	78,126	83,391	86,005	0.587 +	0.209 +
Age 12-17	1,859	2,138	1,533	1,570	2,054	2,051	2,581	3,630	0.044 +	0.034 +
Age 18-25	19,614	21,766	23,883	22,159	25,392	21,116	22,065	25,220	0.071 +	0.137 +
Age 26-34	35,639	46,137	52,760	52,658	60,500	54,953	58,732	57,143	0.645 -	0.532 +
Age 35+	23,054	30,582	41,288	46,614	54,238	57,348	68,723	74,602	0.218 +	0.002 +
Male	52,213	66,602	80,595	82,687	96,125	89,698	100,891	106,181	0.424 +	0.024 +
Female	27,150	33,778	38,194	39,936	45,663	44,679	50,187	53,357	0.293 +	0.029 +
White	24,100	29,198	31,927	32,718	40,843	40,018	44,720	50,871	0.217 +	0.033 +
Black	43,010	56,106	69,123	68,706	76,984	73,417	77,986	82,260	0.411 +	0.209 +
Hispanic	6,627	9,012	11,824	12,713	13,373	11,502	17,740	16,760	0.407 -	0.191 +
Other race	344	513	502	561	890	541	800	824	0.887 +	0.005 +
Race unknown	6,274	6,360	6,467	8,724	10,788	10,323	11,187	10,371	0.425 -	0.972 +
Central city	45,361	60,269	74,589	74,678	78,825	79,677	84,543	78,502	0.013 -	0.681 -
Outside central city	16,816	17,962	18,663	18,915	21,722	20,457	21,805	19,931	0.128 -	0.721 -
National Panel	18,178	22,958	26,591	29,550	42,330	35,668	46,085	62,654	0.062 +	0.012 +
Recreational use	12,321	14,740	14,997	14,066	16,113	16,335	21,406	22,811	0.598 +	0.098 +
Dependence	50,831	65,348	77,455	77,892	91,265	86,749	95,107	99,154	0.666 +	0.140 +
Suicide	5,203	6,619	7,402	9,397	11,718	12,072	13,045	14,449	0.261 +	0.094 +
Other/unknown motive	11,999	14,481	19,988	22,068	23,782	20,644	22,876	24,673	0.476 +	0.157 +
Unexpected reaction	18,441	23,025	28,755	27,852	33,762	25,936	30,424	32,863	0.143 +	0.063 +
Overdose	11,022	14,662	16,242	18,991	22,191	21,251	22,784	24,249	0.246 +	0.305 +
Chronic effects	15,366	20,868	23,407	22,944	27,029	31,143	28,227	24,870	0.070 -	0.022 -
Seeking detox.	22,770	25,492	30,826	31,801	35,687	33,565	42,161	47,842	0.461 +	0.076 +
Withdrawal	1,507	1,960	2,268	3,071	3,355	3,475	3,673	3,421	0.586 -	0.887 -
Other/unknown reason	11,248	15,182	18,344	18,764	20,854	20,432	25,163	27,842	0.111 +	0.001 +

\*\*\* Total includes patients whose sex or age was unknown.

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares 1996 to 1997.

<sup>3</sup> This column compares 1995 to 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 23 - Estimated number of emergency department heroin/morphine mentions, by age, sex, race/ethnicity, hospital location, drug use motive, and reason for emergency department visit:  
First half 1992 - second half 1997**

**HEROIN/MORPHINE**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	P-val H1,H2, 97,97 <sup>1,2</sup>	P-val H2,H2, 96,97 <sup>1,3</sup>
<b>TOTAL U.S.**</b>	21,438	26,566	30,763	32,469	30,036	33,977	35,500	35,339	35,198	38,648	35,352	36,658	0.426 +	0.389 -
Age 6-34	10,043	12,459	14,580	14,926	13,928	16,569	16,050	15,774	15,262	16,683	15,900	16,099	0.861 +	0.710 -
Age 12-17	107	125	137	143	...	265	144	260	229	330	531	848	0.259 +	0.105 +
Age 18-25	2,688	3,172	3,807	4,212	3,794	4,576	4,039	4,511	4,288	4,980	5,029	4,965	0.918 -	0.981 -
Age 26-34	7,246	9,162	10,633	10,569	9,890	11,728	11,868	11,002	10,741	11,374	10,339	10,286	0.932 -	0.199 -
Age 35+	11,332	14,044	16,128	17,485	16,058	17,301	19,408	19,512	19,884	21,908	19,401	20,513	0.116 +	0.216 -
Male	15,455	19,326	21,633	23,040	20,358	23,642	24,636	24,530	23,662	26,150	24,340	23,760	0.611 -	0.073 -
Female	5,798	7,034	8,942	9,217	9,407	10,108	10,297	10,482	11,187	12,233	10,793	12,495	0.050 +	0.825 +
White	7,578	10,348	11,349	11,679	10,773	12,610	13,890	13,181	11,693	13,691	12,955	13,927	0.479 +	0.906 +
Black	8,882	9,718	11,265	12,082	12,615	13,374	13,520	13,733	13,753	14,634	13,667	12,906	0.188 -	0.011 -
Hispanic	3,643	4,875	5,478	5,849	4,396	5,056	4,596	5,242	5,715	6,052	4,188	5,046	0.097 +	0.115 -
Other race	88	206	...	206	120	162	221	145	286	191	432	232	0.190 -	0.216 +
Race unknown	1,246	1,418	2,177	2,654	2,132	2,774	3,272	3,038	3,752	4,079	4,109	4,547	0.055 +	0.277 +
Central city	13,493	15,881	16,825	19,003	18,092	20,552	20,219	20,708	21,773	23,016	21,317	21,941	0.244 +	0.172 -
Outside central city	3,591	4,082	5,364	4,807	4,612	5,320	5,409	5,689	5,856	5,149	4,545	5,133	0.000 +	0.977 -
National Panel	4,354	6,602	8,540	8,607	7,332	8,105	9,872	8,941	7,569	10,483	9,490	9,584	0.951 +	0.670 -
Recreational use	1,639	2,147	2,995	2,342	1,649	2,505	2,159	3,118	2,826	3,498	2,381	2,471	0.677 +	0.096 -
Dependence	16,229	20,042	23,144	24,767	23,966	26,540	28,539	27,012	27,945	29,349	28,160	28,844	0.666 +	0.811 -
Suicide	627	936	942	1,173	1,069	1,213	1,159	1,412	1,136	1,718	1,549	1,922	0.268 +	0.394 +
Other/unknown motive	2,942	3,441	3,681	4,187	3,353	3,719	3,643	3,796	3,290	4,083	3,262	3,420	0.581 +	0.082 -
Unexpected reaction	2,221	2,998	3,364	3,485	2,652	3,655	3,083	3,141	3,087	3,514	3,364	3,361	0.989 -	0.631 -
Overdose	5,194	7,032	7,872	8,685	6,281	7,470	7,116	8,808	7,085	8,097	7,506	7,967	0.407 +	0.828 -
Chronic effects	6,128	7,182	7,179	7,102	7,830	8,701	9,172	8,532	9,053	8,704	7,725	8,119	0.324 +	0.315 -
Seeking detox.	4,058	5,146	7,579	6,817	7,374	7,457	8,465	7,870	9,127	9,998	9,737	10,087	0.780 +	0.959 +
Withdrawal	1,380	2,155	2,339	3,220	3,353	3,580	4,352	3,955	3,840	3,990	3,546	3,610	0.869 +	0.245 -
Other/unknown reason	2,456	2,053	2,431	3,160	2,546	3,113	3,312	3,033	3,007	4,345	3,474	3,513	0.891 +	0.009 -

... Estimate does not meet standard of precision or is less than 10.

\*\*\* Total includes patients whose sex or age was unknown.

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, p-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares the first and second halves of 1997.

<sup>3</sup> This column compares the second half of 1996 to the second half of 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 24 - Estimated number of emergency department heroin/morphine mentions, by age, sex, race/ethnicity, hospital location, drug use motive, and reason for emergency department visit: 1990-1997**

**HEROIN/MORPHINE**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	P-val 1996, 1997 <sup>1,2</sup>	P-val 1995, 1997 <sup>1,3</sup>
<b>TOTAL U.S.**</b>	33,884	35,898	48,003	63,232	64,013	70,838	73,846	72,010	0.648 -	0.787 +
Age 6-34	17,967	18,445	22,502	29,506	30,497	31,824	31,946	31,999	0.984 +	0.950 +
Age 12-17	182	182	232	280	507	404	559	1,379	0.078 +	0.016 +
Age 18-25	4,654	4,704	5,860	8,019	8,370	8,550	9,268	9,994	0.454 +	0.203 +
Age 26-34	13,127	13,559	16,409	21,203	21,618	22,869	22,115	20,625	0.333 -	0.198 -
Age 35+	15,850	17,310	25,376	33,613	33,359	38,919	41,792	39,914	0.352 -	0.625 +
Male	22,867	23,638	34,781	44,672	44,000	49,166	49,812	48,099	0.449 -	0.721 -
Female	10,691	11,951	12,832	18,159	19,515	20,779	23,420	23,289	0.942 -	0.167 +
White	13,667	13,367	17,926	23,027	23,383	27,071	25,384	26,883	0.641 +	0.957 -
Black	12,313	15,175	18,600	23,347	25,989	27,253	28,387	26,573	0.261 -	0.707 -
Hispanic	5,195	5,118	8,519	11,327	9,452	9,838	11,767	9,234	0.036 -	0.522 -
Other race	143	178	294	699	282	367	477	664	0.055 +	0.043 +
Race unknown	2,566	2,060	2,665	4,831	4,906	6,310	7,831	8,656	0.235 +	0.005 +
Central city	18,384	22,721	29,374	35,828	38,644	40,926	44,789	43,258	0.260 -	0.222 +
Outside central city	6,882	6,675	7,673	10,170	9,932	11,098	11,005	9,678	0.429 -	0.466 -
National Panel	8,618	6,502	10,956	17,146	15,437	18,813	18,052	19,074	0.765 +	0.940 +
Recreational use	3,061	2,803	3,786	5,337	4,154	5,277	6,324	4,852	0.074 -	0.586 -
Dependence	26,017	28,222	36,271	47,911	50,505	55,551	57,294	57,004	0.940 -	0.722 +
Suicide	1,164	1,160	1,563	2,115	2,282	2,571	2,854	3,471	0.029 +	0.013 +
Other/unknown motive	3,642	3,713	6,384	7,869	7,071	7,439	7,373	6,683	0.108 -	0.252 -
Unexpected reaction	3,738	3,781	5,219	6,848	6,306	6,224	6,600	6,725	0.818 +	0.364 +
Overdose	7,885	7,110	12,226	16,557	13,752	15,924	15,182	15,473	0.731 +	0.728 -
Chronic effects	8,635	10,759	13,310	14,280	16,532	17,704	17,756	15,845	0.087 -	0.042 -
Seeking detox.	6,648	7,982	9,204	14,396	14,831	16,334	19,126	19,824	0.818 +	0.333 +
Withdrawal	3,667	3,133	3,535	5,559	6,933	8,308	7,829	7,156	0.259 -	0.316 -
Other/unknown reason	3,311	3,133	4,509	5,591	5,659	6,345	7,352	6,987	0.493 -	0.258 +

\*\*\* Total includes patients whose sex or age was unknown.

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares 1996 to 1997.

<sup>3</sup> This column compares 1995 to 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).



**Table 25 - Estimated number of emergency department marijuana/hashish mentions, by age, sex, race/ethnicity, hospital location, drug use motive, and reason for emergency department visit:  
First half 1992 - second half 1997**

**MARIJUANA/HASHISH**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	P-val H1,H2, 97,97 <sup>1,2</sup>	P-val H2,H2, 96,97 <sup>1,3</sup>
<b>TOTAL U.S.**</b>	11,511	12,487	13,577	15,296	19,078	21,105	24,277	20,994	24,892	28,897	32,402	32,343	0.953 -	0.037 +
Age 6-34	9,201	10,065	10,856	12,225	14,954	16,906	18,752	16,528	19,088	22,229	23,551	23,955	0.656 +	0.208 +
Age 12-17	1,578	1,526	1,834	2,413	3,272	3,267	4,049	3,925	4,371	5,611	5,841	5,215	0.119 -	0.448 -
Age 18-25	3,857	4,436	4,379	5,166	6,416	7,443	7,759	7,044	7,094	8,635	9,925	9,463	0.498 -	0.191 +
Age 26-34	3,755	4,102	4,640	4,639	5,263	6,190	6,932	5,545	7,535	7,899	7,724	9,263	0.011 +	0.052 +
Age 35+	2,300	2,389	2,582	3,042	4,092	4,185	5,504	4,374	5,779	6,617	8,692	8,351	0.529 -	0.009 +
Male	8,173	8,965	9,664	10,576	13,077	14,976	16,796	14,484	16,457	20,194	21,795	21,384	0.626 -	0.301 +
Female	3,053	3,410	3,710	4,658	5,771	5,991	7,082	6,135	8,317	8,383	10,326	10,702	0.567 +	0.011 +
White	5,059	5,424	6,189	7,294	8,868	10,014	10,963	9,919	11,460	13,044	15,973	15,927	0.956 -	0.019 +
Black	3,822	5,112	4,824	5,281	6,855	8,197	9,253	7,657	8,748	10,204	10,331	10,789	0.487 +	0.470 +
Hispanic	1,607	1,117	1,231	1,459	1,628	1,481	2,085	1,656	2,917	3,382	3,417	3,263	0.737 -	0.838 -
Other race	46	60	72	130	171	131	166	235	142	242	304	220	0.304 -	0.768 -
Race unknown	976	773	1,263	1,131	1,556	1,282	1,810	1,527	1,624	2,024	2,376	2,143	0.192 -	0.670 +
Central city	4,570	5,360	5,674	6,333	7,302	8,283	9,760	9,482	10,354	10,573	11,058	11,833	0.017 +	0.021 +
Outside central city	2,704	2,807	3,485	3,463	4,561	5,169	5,448	4,768	5,508	5,758	6,559	6,589	0.883 +	0.006 +
National Panel	4,237	4,320	4,412	5,493	7,216	7,652	9,069	6,745	9,030	12,566	14,785	13,920	0.364 -	0.387 +
Recreational use	2,907	3,134	3,465	3,874	5,392	5,123	6,595	5,714	6,416	8,839	9,191	8,008	0.016 -	0.173 -
Dependence	4,284	4,760	5,409	5,371	6,931	8,083	9,799	8,345	9,573	11,454	11,727	12,212	0.570 +	0.602 +
Suicide	1,151	996	1,093	1,274	1,795	2,139	2,163	2,261	3,031	2,496	3,582	3,400	0.631 -	0.007 +
Other/unknown motive	3,170	3,597	3,611	4,776	4,960	5,760	5,719	4,674	5,872	6,107	7,902	8,722	0.367 +	0.012 +
Unexpected reaction	3,332	4,013	4,062	4,783	6,059	5,425	6,573	5,444	6,659	7,487	8,780	7,331	0.020 -	0.816 -
Overdose	2,078	2,242	2,152	2,557	3,215	3,844	3,917	3,826	4,838	5,014	5,831	5,132	0.119 -	0.811 +
Chronic effects	1,163	1,195	1,324	1,230	1,826	2,359	3,554	2,893	3,194	2,794	2,803	2,795	0.973 -	0.997 +
Seeking detox.	2,201	2,342	2,815	2,567	2,669	3,516	3,911	3,255	3,560	4,201	5,085	5,837	0.077 +	0.129 +
Withdrawal	116	135	187	173	258	354	151	276	220	462	285	479	0.149 +	0.925 +
Other/unknown reason	2,621	2,559	3,037	3,986	5,051	5,607	6,171	5,302	6,422	8,939	9,617	10,768	0.096 +	0.033 +

\*\*\* Total includes patients whose sex or age was unknown.

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares the first and second halves of 1997.

<sup>3</sup> This column compares the second half of 1996 to the second half of 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 26 - Estimated number of emergency department marijuana/hashish mentions, by age, sex, race/ethnicity, hospital location, drug use motive, and reason for emergency department visit: 1990-1997**

**MARIJUANA/HASHISH**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	P-val 1996, 1997 <sup>1,2</sup>	P-val 1995, 1997 <sup>1,3</sup>
<b>TOTAL U.S.**</b>	15,706	16,251	23,997	28,873	40,183	45,271	53,789	64,744	0.000 +	0.000 +
Age 6-34	13,514	13,291	19,267	23,081	31,860	35,280	41,317	47,506	0.001 +	0.000 +
Age 12-17	2,170	2,130	3,104	4,247	6,539	7,974	9,982	11,056	0.220 +	0.004 +
Age 18-25	5,782	5,687	8,294	9,545	13,860	14,803	15,729	19,388	0.000 +	0.009 +
Age 26-34	5,556	5,469	7,857	9,278	11,452	12,477	15,434	16,986	0.117 +	0.001 +
Age 35+	2,160	2,882	4,689	5,624	8,277	9,879	12,396	17,043	0.000 +	0.000 +
Male	10,833	11,321	17,137	20,241	28,053	31,280	36,651	43,179	0.000 +	0.000 +
Female	4,686	4,725	6,463	8,368	11,762	13,216	16,700	21,028	0.000 +	0.000 +
White	7,835	8,030	10,484	13,483	18,882	20,882	24,505	31,900	0.000 +	0.000 +
Black	5,207	5,621	8,934	10,104	15,053	16,910	18,952	21,121	0.128 +	0.046 +
Hispanic	1,315	1,392	2,724	2,690	3,109	3,741	6,300	6,680	0.654 +	0.059 +
Other race	140	93	107	202	302	401	384	524	0.191 +	0.243 +
Race unknown	1,209	1,114	1,749	2,394	2,837	3,337	3,648	4,520	0.082 +	0.110 +
Central city	6,464	6,600	9,930	12,008	15,585	19,242	20,927	22,891	0.029 +	0.000 +
Outside central city	3,365	3,684	5,511	6,948	9,730	10,216	11,266	13,148	0.000 +	0.000 +
National Panel	5,877	5,967	8,557	9,905	14,868	15,814	21,596	28,705	0.008 +	0.003 +
Recreational use	4,432	4,478	6,041	7,339	10,515	12,310	15,255	17,199	0.130 +	0.013 +
Dependence	5,978	7,064	9,043	10,780	15,014	18,144	21,027	23,939	0.202 +	0.009 +
Suicide	1,124	1,262	2,147	2,367	3,934	4,425	5,527	6,982	0.019 +	0.001 +
Other/unknown motive	4,173	3,447	6,767	8,387	10,719	10,393	11,979	16,624	0.001 +	0.000 +
Unexpected reaction	4,789	4,470	7,345	8,846	11,484	12,017	14,146	16,111	0.047 +	0.024 +
Overdose	2,437	2,519	4,321	4,708	7,059	7,743	9,852	10,964	0.138 +	0.004 +
Chronic effects	2,045	2,066	2,357	2,553	4,185	6,447	5,988	5,598	0.524 -	0.236 -
Seeking detox.	2,816	3,295	4,543	5,382	6,185	7,166	7,761	10,923	0.117 +	0.054 +
Withdrawal	203	376	251	360	612	427	682	764	0.676 +	0.048 +
Other/unknown reason	3,415	3,525	5,181	7,023	10,658	11,473	15,360	20,385	0.000 +	0.000 +

\*\*\* Total includes patients whose sex or age was unknown.

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares 1996 to 1997.

<sup>3</sup> This column compares 1995 to 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 27 - Estimated number of emergency department methamphetamine/speed mentions, by age, sex, race/ethnicity, hospital location, drug use motive, and reason for emergency department visit: First half 1992 - second half 1997**

**METHAMPHETAMINE/SPEED**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	P-val H1,H2, 97,97 <sup>1,2</sup>	P-val H2,H2, 96,97 <sup>1,3</sup>
<b>TOTAL U.S.**</b>	2,592	3,971	4,224	5,702	7,824	9,841	9,678	6,257	4,197	6,805	8,218	8,936	0.275 +	0.036 +
Age 6-34	2,139	3,039	3,288	4,444	6,072	7,263	7,116	4,592	3,278	4,550	5,797	6,654	0.133 +	0.044 +
Age 12-17	...	353	293	371	896	1,072	1,085	353	318	710	...	949	...	0.292 +
Age 18-25	661	1,058	1,688	1,736	2,344	3,151	2,785	2,003	1,704	2,024	2,149	2,569	0.347 +	0.322 +
Age 26-34	1,162	1,627	1,306	2,336	2,830	3,040	3,246	2,236	1,256	1,748	2,787	3,137	0.439 +	0.019 +
Age 35+	449	929	934	1,248	1,747	2,571	2,559	1,662	916	2,248	2,421	2,275	0.595 -	0.954 +
Male	1,549	2,910	2,902	3,845	5,045	6,349	6,147	4,177	2,501	4,628	5,266	6,127	0.170 +	0.041 +
Female	969	1,053	1,303	1,770	2,751	3,459	3,496	1,989	1,618	2,101	2,870	2,785	0.845 -	0.128 +
White	1,731	2,876	3,096	3,975	5,646	6,728	6,141	4,119	2,521	4,258	5,638	6,164	0.280 +	0.008 +
Black	122	142	150	197	350	632	477	450	209	591	563	303	0.069 -	0.044 -
Hispanic	...	563	519	824	1,114	1,491	...	990	559	1,115	...	1,379	...	0.475 +
Other race	24	30	35	42	47	67	...	173	...	136	...	153	...	0.856 +
Race unknown	354	360	425	663	667	...	949	525	723	705	743	937	0.293 +	0.366 +
Central city	854	992	1,276	1,233	1,314	1,757	1,727	1,183	1,212	1,371	1,394	1,464	0.152 +	0.237 +
Outside central city	550	852	837	952	1,168	1,180	1,263	857	808	1,111	1,346	1,495	0.044 +	0.000 +
National Panel	...	2,127	2,112	3,516	5,342	6,904	6,689	4,217	2,177	4,322	5,478	5,976	0.444 +	0.102 +
Recreational use	979	1,124	1,203	1,489	1,659	2,584	2,135	1,336	1,447	1,656	1,899	2,174	0.342 +	0.105 +
Dependence	800	1,416	1,632	1,866	3,099	4,023	4,576	2,671	1,719	3,129	4,227	4,785	0.409 +	0.084 +
Suicide	...	...	478	387	...	435	535	563	279	520	693	705	0.947 +	0.361 +
Other/unknown motive	540	...	912	...	...	...	2,433	1,688	751	...	1,399	1,272	0.614 -	...
Unexpected reaction	889	1,455	1,549	2,140	2,897	3,462	3,019	2,149	1,708	2,495	3,580	3,091	0.509 -	0.368 +
Overdose	877	1,039	1,162	1,683	1,884	2,571	2,570	1,485	738	1,437	1,958	1,667	0.365 -	0.424 +
Chronic effects	404	545	586	725	881	1,671	1,639	1,239	772	1,136	1,063	1,291	0.418 +	0.659 +
Seeking detox.	159	379	498	340	876	499	810	288	319	575	489	671	0.285 +	0.648 +
Withdrawal	...	...	41	...	...	247	...	...	...	189	67	...	...	...
Other/unknown reason	186	315	389	...	901	1,391	972	844	572	973	1,062	1,905	0.046 +	0.062 +

... Estimate does not meet standard of precision or is less than 10.

\*\*\* Total includes patients whose sex or age was unknown.

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares the first and second halves of 1997.

<sup>3</sup> This column compares the second half of 1996 to the second half of 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 28 - Estimated number of emergency department methamphetamine/speed mentions, by age, sex, race/ethnicity, hospital location, drug use motive, and reason for emergency department visit: 1990-1997**

**METHAMPHETAMINE/SPEED**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	P-val 1996, 1997 <sup>1,2</sup>	P-val 1995, 1997 <sup>1,3</sup>
<b>TOTAL U.S.**</b>	5,236	4,887	6,563	9,926	17,665	15,936	11,002	17,154	0.015 +	0.425 +
Age 6-34	4,195	3,716	5,177	7,731	13,335	11,709	7,828	12,451	0.029 +	0.539 +
Age 12-17	716	442	669	663	1,968	1,438	1,028	1,810	0.130 +	0.164 +
Age 18-25	1,737	1,302	1,719	3,425	5,494	4,788	3,728	4,718	0.152 +	0.918 -
Age 26-34	1,742	1,972	2,790	3,642	5,870	5,482	3,004	5,924	0.023 +	0.535 +
Age 35+	975	1,168	1,378	2,182	4,318	4,221	3,165	4,696	0.022 +	0.382 +
Male	3,486	3,057	4,459	6,747	11,394	10,324	7,129	11,393	0.015 +	0.356 +
Female	1,736	1,810	2,022	3,073	6,210	5,485	3,719	5,654	0.031 +	0.769 +
White	3,890	3,485	4,607	7,070	12,374	10,260	6,779	11,802	0.005 +	0.273 +
Black	484	370	263	347	982	927	800	866	0.653 +	0.678 -
Hispanic	396	622	925	1,343	2,606	2,865	1,674	2,553	0.192 +	0.484 -
Other race	34	41	54	77	114	409	321	253	0.635 -	0.384 -
Race unknown	432	369	714	1,088	1,590	1,474	1,428	1,680	0.542 +	0.727 +
Central city	1,887	1,720	1,846	2,509	3,072	2,910	2,584	2,858	0.026 +	0.663 -
Outside central city	985	865	1,402	1,789	2,348	2,120	1,919	2,842	0.000 +	0.000 +
National Panel	2,363	2,302	3,315	5,628	12,245	10,906	6,499	11,454	0.051 +	0.715 +
Recreational use	1,461	1,428	2,103	2,691	4,243	3,471	3,104	4,073	0.049 +	0.377 +
Dependence	1,949	2,131	2,216	3,498	7,123	7,247	4,848	9,012	0.071 +	0.124 +
Suicide	661	400	...	865	922	1,098	799	1,398	0.019 +	0.294 +
Other/unknown motive	1,164	929	1,661	2,872	...	4,120	2,251	2,671	0.101 +	0.147 -
Unexpected reaction	1,626	1,481	2,345	3,689	6,359	5,168	4,202	6,671	0.083 +	0.324 +
Overdose	1,292	1,017	1,916	2,844	4,454	4,055	2,175	3,625	0.003 +	0.528 -
Chronic effects	959	1,087	949	1,310	2,551	2,879	1,908	2,354	0.265 +	0.418 -
Seeking detox.	290	371	537	839	1,375	1,098	894	1,161	0.354 +	0.863 +
Withdrawal	...	...	...	130	...	...	277	378	0.552 +	...
Other/unknown reason	879	702	501	1,114	2,292	1,816	1,546	2,966	0.089 +	0.063 +

... Estimate does not meet standard of precision or is less than 10.

\*\*\* Total includes patients whose sex or age was unknown.

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

<sup>2</sup> This column compares 1996 to 1997.

<sup>3</sup> This column compares 1995 to 1997.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 29 - Estimated rate of emergency department drug episodes, drug mentions, mentions of selected drugs, and total visits per 100,000 population for total coterminous U.S. by half year: First half 1992 - second half 1997**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997
<b>DRUG EPISODES</b>	95.0	96.4	100.8	100.4	110.0	115.1	116.7	104.1	107.3	111.3	111.8	109.8
<b>DRUG MENTIONS</b>	165.3	166.6	172.9	175.0	191.0	200.0	203.4	184.0	188.9	196.8	199.5	197.3
Alcohol-in-combination	30.5	32.1	31.2	31.5	33.8	36.0	37.3	34.4	34.3	36.3	35.9	36.4
Cocaine	25.6	27.4	26.7	27.2	29.8	32.2	31.5	26.8	30.5	34.3	33.2	34.5
Heroin/morphine	9.5	11.7	13.5	14.1	13.1	14.7	15.3	15.1	15.0	16.4	14.9	15.4
Acetaminophen	7.7	6.1	8.3	6.6	9.3	7.5	8.1	7.6	8.6	7.6	7.8	7.1
Aspirin	4.4	3.9	4.4	3.8	4.3	4.1	3.7	3.5	3.7	3.1	3.2	3.0
Ibuprofen	3.9	3.3	4.0	3.7	4.3	4.0	4.6	4.6	3.7	3.6	3.6	3.6
Alprazolam	3.7	3.6	3.5	3.8	3.5	4.0	3.9	3.4	3.8	3.3	3.7	3.7
Marijuana/hashish	5.1	5.5	5.9	6.7	8.3	9.1	10.5	9.0	10.6	12.2	13.7	13.6
Diazepam	2.9	3.2	2.9	2.5	2.6	3.3	3.2	2.9	2.8	3.0	2.9	2.7
Amitriptyline	2.3	2.1	2.1	2.3	2.6	2.3	2.1	1.7	2.3	1.5	1.8	1.7
Acetamin./codeine	1.7	1.5	1.7	1.7	1.4	1.6	1.5	1.5	1.2	1.2	1.5	1.3
OTC sleep aids	1.7	1.4	1.2	1.2	1.4	1.6	1.4	1.5	1.8	1.4	1.4	1.1
Lorazepam	1.9	2.0	2.1	2.4	2.5	2.8	2.6	2.2	2.3	2.0	2.3	2.2
d-Propoxyphene	1.4	1.5	1.8	1.7	1.7	1.5	1.6	1.4	1.5	1.4	1.4	1.8
Fluoxetine	1.9	1.8	1.5	1.8	1.9	2.1	2.0	2.0	2.2	1.9	2.3	2.1
Diphenhydramine	1.5	1.9	1.7	1.6	1.9	2.2	2.1	1.6	1.9	2.1	2.0	1.7
Methamphetamine/speed	1.1	1.7	1.8	2.5	3.4	4.3	4.2	2.7	1.8	2.9	3.5	3.7
Oxycodone	0.7	1.0	0.7	0.7	0.9	0.9	0.8	0.7	0.6	0.7	0.9	1.1
PCP/PCP combinations	1.0	1.3	1.5	1.4	1.3	1.3	1.4	1.3	0.8	0.8	0.9	0.8
Lithium carbonate	1.1	1.0	1.2	1.1	1.1	1.5	1.7	1.2	1.1	0.9	1.2	0.9
Clonazepam	1.8	1.8	2.1	2.3	2.6	2.7	2.8	2.8	2.9	2.8	3.1	3.0
Hydantoin	0.9	0.8	0.7	0.9	0.8	0.6	0.9	0.7	0.7	0.6	0.6	0.4
Hydrocodone	1.4	1.3	1.1	1.6	1.8	1.9	2.0	1.9	2.4	2.0	2.2	2.3
LSD	0.8	0.8	0.7	0.8	0.9	1.4	1.1	1.3	1.1	0.9	1.5	0.6
Triazolam	0.4	0.4	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.1	0.1
Phenobarbital	0.7	0.7	0.8	0.6	0.6	0.5	0.6	0.7	0.5	0.5	0.4	0.3
Doxepin	0.8	0.8	0.8	0.7	0.8	1.0	0.7	0.5	0.5	0.6	0.6	0.3
Cyclobenzaprine	0.7	0.5	0.7	0.5	0.6	0.7	0.6	0.7	0.7	0.8	0.7	0.9
Haloperidol	0.6	0.7	0.8	0.6	0.6	0.8	0.7	0.5	0.5	0.9	0.5	0.5
Amphetamine	0.7	0.9	1.0	1.4	1.9	2.3	2.4	1.6	1.5	2.5	1.9	2.4
Trazodone	1.0	1.0	1.3	1.2	1.4	1.7	2.1	2.0	2.0	1.9	1.8	1.9
Carisoprodol	1.3	1.3	1.1	1.7	1.5	1.3	1.9	1.4	1.6	1.5	1.2	1.3
Naproxen	0.7	0.5	0.8	0.5	0.9	0.9	1.0	1.2	1.0	0.9	1.1	1.1
Imipramine	1.1	0.9	0.8	0.7	0.6	0.6	0.7	0.4	0.3	0.5	0.3	0.2
Carbamazepine	0.7	0.7	1.0	1.1	0.9	0.8	0.8	0.7	0.8	0.8	0.7	0.8
Thioridazine	0.6	0.6	0.7	0.6	0.6	0.8	0.7	0.4	0.5	0.4	0.3	0.4
<b>Total ED visits**</b>	<b>18,614.6</b>	<b>19,328.2</b>	<b>19,048.5</b>	<b>19,225.9</b>	<b>19,357.6</b>	<b>19,565.7</b>	<b>18,974.6</b>	<b>19,085.0</b>	<b>19,323.4</b>	<b>19,432.4</b>	<b>18,691.4</b>	<b>19,020.3</b>

\*\* DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) annual survey.

<sup>1</sup> In this column, "+" and "-" denote increases and decreases, respectively. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 30 - Estimated rate of emergency department drug episodes, drug mentions, mentions of selected drugs, and total visits per 100,000 population for total coterminous U.S. by year: 1990-1997**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997
<b>DRUG EPISODES</b>	167.3	175.8	191.4	201.3	225.2	220.8	218.6	221.5
<b>DRUG MENTIONS</b>	286.5	301.2	331.9	347.9	391.0	387.4	385.7	396.8
Alcohol-in-combination	51.9	54.4	62.6	62.7	69.8	71.7	70.6	72.3
Cocaine	36.2	45.2	52.9	53.9	62.0	58.4	64.8	67.7
Heroin/morphine	15.3	16.0	21.2	27.6	27.8	30.4	31.4	30.3
Acetaminophen	11.5	13.6	13.8	14.9	16.8	15.7	16.3	14.9
Aspirin	8.7	9.7	8.3	8.3	8.4	7.2	6.7	6.1
Ibuprofen	7.3	6.9	7.2	7.7	8.3	9.1	7.2	7.2
Alprazolam	7.1	7.2	7.3	7.4	7.5	7.3	7.1	7.3
Marijuana/hashish	7.1	7.3	10.6	12.6	17.5	19.5	22.9	27.2
Diazepam	6.7	6.5	6.2	5.4	5.9	6.1	5.8	5.6
Amitriptyline	3.9	3.9	4.5	4.3	4.9	3.8	3.8	3.5
Acetamin./codeine	3.7	3.2	3.1	3.3	3.0	2.9	2.5	2.8
OTC sleep aids	3.6	2.8	3.1	2.3	3.0	2.9	3.2	2.6
Lorazepam	3.4	3.1	3.9	4.5	5.3	4.8	4.3	4.5
d-Propoxyphene	3.3	3.5	2.9	3.5	3.2	3.0	2.9	3.2
Fluoxetine	3.1	3.1	3.7	3.3	4.0	4.1	4.1	4.4
Diphenhydramine	2.9	3.0	3.5	3.2	4.1	3.7	4.0	3.7
Methamphetamine/speed	2.4	2.2	2.9	4.3	7.7	6.8	4.7	7.2
Oxycodone	2.0	1.8	1.7	1.5	1.8	1.5	1.4	2.0
PCP/PCP combinations	2.0	1.5	2.3	2.9	2.6	2.7	1.7	1.8
Lithium carbonate	2.0	2.0	2.1	2.3	2.6	2.9	2.0	2.0
Clonazepam	2.0	2.9	3.6	4.4	5.3	5.5	5.7	6.1
Hydantoin	1.8	1.4	1.7	1.5	1.4	1.5	1.2	1.0
Hydrocodone	1.8	2.2	2.7	2.7	3.7	3.9	4.5	4.5
LSD	1.7	1.7	1.5	1.5	2.2	2.4	1.9	2.2
Triazolam	1.7	1.5	0.7	0.6	0.4	0.3	0.3	0.1
Phenobarbital	1.7	1.3	1.4	1.3	1.1	1.2	1.0	0.8
Doxepin	1.6	1.7	1.6	1.5	1.9	1.2	1.0	0.9
Cyclobenzaprine	1.6	1.4	1.2	1.2	1.4	1.3	1.5	1.5
Haloperidol	1.5	1.4	1.3	1.4	1.3	1.2	1.4	1.0
Amphetamine	1.5	1.0	1.6	2.4	4.2	4.0	4.0	4.3
Trazodone	1.4	1.9	2.0	2.5	3.2	4.1	3.9	3.7
Carisoprodol	1.2	1.9	2.6	2.9	2.9	3.3	3.1	2.6
Naproxen	1.4	1.5	1.2	1.4	1.9	2.3	1.9	2.2
Imipramine	1.3	1.5	1.9	1.4	1.2	1.1	0.8	0.6
Carbamazepine	1.4	1.5	1.5	2.1	1.7	1.6	1.6	1.5
Thioridazine	1.0	1.2	1.3	1.3	1.4	1.1	1.0	0.7
<b>Total ED visits**</b>	<b>37,112.6</b>	<b>37,573.7</b>	<b>37,944.8</b>	<b>38,274.9</b>	<b>38,923.9</b>	<b>38,059.9</b>	<b>38,756.1</b>	<b>37,712.6</b>

\*\* DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) annual survey.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 31 - Estimated rate of emergency department drug episodes per 100,000 population, by metropolitan area by half year: First half 1992 - second half 1997**

**DRUG EPISODES**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997
<b>TOTAL U.S.</b>	95	96	101	100	110	115	117	104	107	111	112	110
Atlanta	173	166	142	153	187	224	214	201	170	179	148	146
Baltimore	291	302	295	315	340	374	372	341	344	362	290	267
Boston (NECMA)	181	184	179	180	186	244	244	206	197	177	175	160
Buffalo	123	96	115	165	166	157	148	148	198	189	168	132
Chicago	162	155	147	174	177	204	206	178	191	217	221	241
Dallas	90	86	107	97	105	115	112	109	105	103	121	136
Denver	127	120	113	140	166	167	162	140	116	106	135	143
Detroit	188	205	227	245	227	193	257	194	255	244	223	195
Los Angeles - Long Beach	119	127	128	127	118	119	123	112	122	122	106	100
Miami - Hialeah	133	131	149	161	160	163	179	172	167	173	173	162
Minneapolis - St. Paul	86	90	96	106	103	100	97	91	103	106	110	103
New Orleans	258	215	183	175	203	209	226	279	248	250	220	219
New York	273	295	276	290	271	267	260	244	257	237	230	219
Newark	268	251	289	251	267	280	314	312	301	263	235	266
Philadelphia	230	231	230	210	185	206	227	221	230	237	245	251
Phoenix	159	157	162	142	163	189	212	188	192	180	186	177
St. Louis	104	93	91	87	129	137	134	112	130	136	121	120
San Diego	134	135	122	111	113	107	102	100	125	124	131	155
San Francisco	346	359	433	341	321	450	330	329	307	305	295	303
Seattle	146	196	197	199	269	276	242	215	233	217	269	288
Washington, D.C.	148	148	169	169	180	206	172	147	159	154	150	146
National Panel	62	63	68	67	79	81	83	72	74	80	83	81

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 32 - Estimated rate of emergency department drug episodes per 100,000 population, by metropolitan area by year: 1990-1997**

**DRUG EPISODES**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997
<b>TOTAL U.S.</b>	167	176	191	201	225	221	219	222
Atlanta	228	267	338	295	411	416	349	294
Baltimore	291	500	593	610	715	712	705	556
Boston (NECMA)	231	276	365	359	430	449	375	335
Buffalo	132	188	220	279	323	296	387	300
Chicago	260	253	317	320	381	384	409	462
Dallas	201	191	176	203	220	221	208	257
Denver	235	234	247	252	333	302	222	278
Detroit	293	361	393	472	420	452	499	417
Los Angeles - Long Beach	224	219	246	255	237	235	245	205
Miami - Hialeah	169	266	264	310	323	351	340	336
Minneapolis - St. Paul	165	167	175	201	203	189	208	212
New Orleans	527	515	473	358	412	505	497	438
New York	349	474	568	566	538	504	494	448
Newark	478	500	519	540	547	626	564	500
Philadelphia	408	382	461	439	391	448	467	496
Phoenix	277	310	317	304	351	400	372	363
St. Louis	173	208	197	178	265	246	266	241
San Diego	220	227	269	232	220	201	249	286
San Francisco	824	788	705	775	771	659	612	598
Seattle	218	264	342	396	545	457	450	556
Washington, D.C.	299	296	296	338	386	319	313	295
National Panel	121	119	125	135	160	155	154	164

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).



**Table 33 - Estimated rate of emergency department drug mentions per 100,000 population, by metropolitan area by half year: First half 1992 - second half 1997**

**DRUG MENTIONS**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997
<b>TOTAL U.S.</b>	165	167	173	175	191	200	203	184	189	197	200	197
Atlanta	345	338	273	291	359	452	433	406	340	370	300	296
Baltimore	500	544	506	545	579	633	633	577	574	621	502	461
Boston (NECMA)	329	321	327	328	340	457	455	387	365	325	323	291
Buffalo	209	155	203	282	277	282	263	269	372	350	316	248
Chicago	282	268	255	304	308	353	362	313	343	394	417	451
Dallas	157	155	193	177	191	209	205	203	199	185	224	250
Denver	216	211	193	231	283	275	294	246	199	184	236	247
Detroit	339	368	422	458	410	343	473	356	481	454	409	361
Los Angeles - Long Beach	199	222	221	218	203	206	212	196	208	217	185	170
Miami - Hialeah	228	211	234	250	257	261	282	269	263	273	283	265
Minneapolis - St. Paul	169	176	186	201	204	194	188	176	198	197	209	191
New Orleans	462	410	369	350	399	423	435	523	469	471	403	415
New York	396	436	402	418	400	401	389	383	413	389	370	359
Newark	454	426	497	437	471	492	550	561	568	458	397	449
Philadelphia	389	414	414	362	329	371	410	398	414	424	450	465
Phoenix	265	257	269	245	273	318	357	311	328	299	316	312
St. Louis	175	165	156	145	239	246	248	203	234	241	212	227
San Diego	224	230	208	187	196	183	181	172	217	219	233	270
San Francisco	510	518	640	515	493	658	508	500	457	455	421	436
Seattle	240	330	333	328	459	472	405	353	378	351	459	498
Washington, D.C.	252	256	295	300	321	366	294	243	266	263	251	249
National Panel	113	111	118	120	139	142	146	130	130	143	151	148

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 34 - Estimated rate of emergency department drug mentions per 100,000 population, by metropolitan area by year: 1990-1997**

**DRUG MENTIONS**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997
<b>TOTAL U.S.</b>	287	301	332	348	391	387	386	397
Atlanta	405	516	683	564	811	839	710	596
Baltimore	463	834	1,044	1,050	1,212	1,210	1,194	963
Boston (NECMA)	413	499	650	655	797	842	690	614
Buffalo	216	304	364	485	559	532	721	564
Chicago	434	426	550	559	661	675	737	868
Dallas	355	339	312	370	399	408	384	474
Denver	412	407	427	424	558	539	383	483
Detroit	486	614	707	880	753	828	935	770
Los Angeles - Long Beach	386	381	421	440	409	407	425	355
Miami - Hialeah	266	437	439	483	518	551	536	548
Minneapolis - St. Paul	300	314	346	387	397	363	395	400
New Orleans	903	882	873	719	822	958	939	818
New York	525	671	832	820	801	771	802	728
Newark	861	902	880	933	963	1,112	1,026	846
Philadelphia	668	608	803	776	700	807	838	916
Phoenix	467	519	523	514	591	668	627	627
St. Louis	312	365	340	301	484	451	475	439
San Diego	369	396	454	395	379	353	436	503
San Francisco	1,230	1,159	1,028	1,155	1,152	1,008	912	856
Seattle	362	445	571	661	931	757	729	957
Washington, D.C.	508	511	508	594	687	537	529	501
National Panel	213	212	224	239	282	276	273	299

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 35 - Estimated rate of emergency department cocaine mentions per 100,000 population, by metropolitan area by half year: First half 1992 - second half 1997**

**COCAINE**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997
<b>TOTAL U.S.</b>	26	27	27	27	30	32	32	27	31	34	33	35
Atlanta	97	100	79	88	102	133	128	117	100	102	82	74
Baltimore	179	191	170	177	194	206	210	174	178	198	141	132
Boston (NECMA)	63	60	58	53	55	78	83	65	60	54	46	46
Buffalo	41	31	45	62	62	71	67	79	118	120	95	68
Chicago	75	73	67	87	86	105	106	82	100	120	122	125
Dallas	26	27	29	29	30	31	32	30	29	29	34	40
Denver	27	29	24	40	47	40	43	32	26	26	32	37
Detroit	78	94	104	118	113	83	132	81	126	124	107	85
Los Angeles - Long Beach	32	35	33	33	31	31	33	28	33	36	28	29
Miami - Hialeah	54	55	71	77	73	79	85	83	81	87	88	86
Minneapolis - St. Paul	11	9	9	11	11	14	10	10	13	16	15	16
New Orleans	152	100	72	76	84	80	74	99	92	110	99	100
New York	117	142	132	132	126	126	123	121	136	128	124	120
Newark	126	112	116	108	117	130	134	135	135	117	92	109
Philadelphia	122	125	115	106	90	96	107	101	107	118	116	124
Phoenix	22	26	25	18	26	29	34	25	33	37	34	33
St. Louis	31	34	27	27	51	52	48	32	38	42	30	33
San Diego	27	24	20	19	17	12	14	14	17	21	17	19
San Francisco	87	97	109	91	85	120	84	82	74	74	63	63
Seattle	31	49	46	50	75	82	65	51	60	54	67	83
Washington, D.C.	59	58	59	59	59	73	55	41	52	51	42	43
National Panel	8	9	9	9	12	13	12	10	11	16	17	19

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 36 - Estimated rate of emergency department cocaine mentions per 100,000 population, by metropolitan area by year: 1990-1997**

**COCAINE**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997
<b>TOTAL U.S.</b>	36	45	53	54	62	58	65	68
Atlanta	108	127	198	167	234	245	202	156
Baltimore	141	310	370	346	400	384	376	273
Boston (NECMA)	57	87	122	111	133	147	114	91
Buffalo	32	53	72	108	133	146	238	163
Chicago	90	102	148	154	192	188	220	247
Dallas	45	57	53	58	61	62	58	74
Denver	39	48	56	65	86	75	53	69
Detroit	99	149	173	222	195	212	250	192
Los Angeles - Long Beach	53	62	67	66	62	61	69	56
Miami - Hialeah	43	104	109	148	151	168	168	174
Minneapolis - St. Paul	14	18	20	20	25	20	29	31
New Orleans	307	312	252	147	164	174	203	199
New York	164	206	259	265	252	244	264	244
Newark	227	241	238	224	246	268	253	201
Philadelphia	204	199	246	221	186	208	224	239
Phoenix	33	42	47	43	55	59	69	66
St. Louis	32	64	65	54	102	80	80	64
San Diego	33	38	51	38	29	28	39	36
San Francisco	156	206	184	200	205	166	149	126
Seattle	44	63	80	96	157	116	114	150
Washington, D.C.	136	128	117	117	132	96	104	85
National Panel	11	14	16	18	26	21	27	37

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 37 - Estimated rate of emergency department heroin/morphine mentions per 100,000 population, by metropolitan area by half year: First half 1992 - second half 1997**

**HEROIN/MORPHINE**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997
<b>TOTAL U.S.</b>	10	12	14	14	13	15	15	15	15	16	15	15
Atlanta	5	4	4	6	8	10	8	8	8	7	7	8
Baltimore	109	125	114	145	153	185	189	178	175	183	133	124
Boston (NECMA)	28	32	34	32	27	45	45	38	37	39	35	34
Buffalo	9	10	10	21	16	24	17	25	24	24	22	28
Chicago	26	27	26	37	41	44	40	44	46	63	68	80
Dallas	6	6	6	7	5	5	6	5	7	8	11	11
Denver	4	4	7	12	15	18	15	16	13	9	12	18
Detroit	22	24	28	31	28	24	33	26	39	38	38	35
Los Angeles - Long Beach	15	22	23	23	18	18	17	20	21	19	16	14
Miami - Hialeah	5	5	6	8	7	7	10	9	9	12	15	17
Minneapolis - St. Paul	2	2	3	3	2	2	2	3	2	3	4	4
New Orleans	8	6	5	7	7	10	9	14	12	15	19	18
New York	49	57	65	78	70	70	66	67	70	67	59	55
Newark	76	94	142	123	125	137	156	172	170	137	105	141
Philadelphia	27	26	30	25	23	31	41	44	42	43	37	44
Phoenix	9	8	13	12	13	12	12	13	15	17	21	21
St. Louis	4	5	6	4	10	8	9	8	11	11	11	9
San Diego	21	24	18	19	16	14	13	17	24	18	18	22
San Francisco	98	110	133	110	100	133	98	106	102	101	91	84
Seattle	21	39	48	46	54	59	51	58	66	63	74	80
Washington, D.C.	19	23	22	17	14	21	18	17	19	22	22	23
National Panel	3	4	5	5	4	5	6	5	5	6	6	6

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 38 - Estimated rate of emergency department heroin/morphine mentions per 100,000 population, by metropolitan area by year: 1990-1997**

**HEROIN/MORPHINE**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997
<b>TOTAL U.S.</b>	15	16	21	28	28	30	31	30
Atlanta	3	6	9	10	17	16	15	15
Baltimore	78	180	234	259	338	367	358	256
Boston (NECMA)	27	34	59	66	71	83	76	69
Buffalo	12	18	19	31	39	42	48	50
Chicago	38	41	53	64	85	83	109	148
Dallas	14	10	12	13	10	12	15	21
Denver	9	7	8	18	33	31	22	31
Detroit	40	46	46	59	52	58	77	72
Los Angeles - Long Beach	31	21	37	46	36	38	40	30
Miami - Hialeah	3	8	10	14	15	18	21	32
Minneapolis - St. Paul	4	3	4	6	3	5	6	7
New Orleans	23	20	13	12	17	24	26	36
New York	49	77	106	142	140	133	136	115
Newark	125	140	170	265	262	328	307	246
Philadelphia	61	55	53	55	54	85	85	82
Phoenix	19	18	17	25	25	25	32	41
St. Louis	5	8	9	10	18	17	22	20
San Diego	34	34	45	37	30	30	42	39
San Francisco	269	211	208	243	233	204	203	175
Seattle	35	44	61	94	113	109	130	154
Washington, D.C.	38	41	42	39	34	35	41	45
National Panel	5	4	7	10	9	11	11	11

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 39 - Estimated rate of emergency department marijuana/hashish mentions per 100,000 population, by metropolitan area by half year: First half 1992 - second half 1997**

**MARIJUANA/HASHISH**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997
<b>TOTAL U.S.</b>	5	6	6	7	8	9	11	9	11	12	14	14
Atlanta	17	20	16	17	24	34	31	31	26	32	28	30
Baltimore	14	17	14	14	17	18	18	25	22	30	30	31
Boston (NECMA)	15	14	16	18	23	30	36	31	30	29	25	23
Buffalo	4	3	6	10	12	13	11	21	29	26	29	21
Chicago	14	12	11	14	18	22	27	24	29	33	36	41
Dallas	8	7	8	7	10	10	11	13	12	11	18	20
Denver	6	9	6	8	14	13	21	12	10	9	14	19
Detroit	17	20	29	38	37	33	51	43	54	47	44	45
Los Angeles - Long Beach	8	9	11	10	11	9	11	10	13	13	13	12
Miami - Hialeah	12	8	12	14	18	22	26	27	27	28	30	25
Minneapolis - St. Paul	6	6	8	10	11	10	10	10	12	11	13	13
New Orleans	21	23	24	30	40	37	37	51	48	58	54	60
New York	11	14	13	14	15	18	19	18	21	23	24	23
Newark	11	12	13	13	16	21	24	19	20	16	14	14
Philadelphia	16	21	24	19	21	25	34	33	37	38	46	51
Phoenix	5	4	6	5	8	15	14	10	17	14	18	19
St. Louis	5	5	4	3	...	20	23	15	18	22	22	25
San Diego	8	10	12	9	12	10	10	11	12	15	19	22
San Francisco	8	11	15	15	15	16	17	16	15	12	12	12
Seattle	9	10	11	11	21	26	29	25	26	22	41	47
Washington, D.C.	17	18	28	30	33	41	30	25	29	29	31	32
National Panel	3	3	3	3	4	5	5	4	5	7	9	8

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 40 - Estimated rate of emergency department marijuana/hashish mentions per 100,000 population, by metropolitan area by year: 1990-1997**

**MARIJUANA/HASHISH**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997
<b>TOTAL U.S.</b>	7	7	11	13	18	20	23	27
Atlanta	16	24	37	32	58	63	58	58
Baltimore	9	16	31	28	35	42	53	61
Boston (NECMA)	10	18	29	34	53	67	59	48
Buffalo	3	6	7	15	25	32	55	50
Chicago	18	15	27	24	39	51	61	76
Dallas	16	11	15	16	20	24	23	38
Denver	12	12	16	14	27	33	19	32
Detroit	15	20	37	67	70	94	101	89
Los Angeles - Long Beach	14	13	17	22	20	21	26	25
Miami - Hialeah	8	25	20	26	39	53	55	55
Minneapolis - St. Paul	7	6	12	17	21	20	23	26
New Orleans	55	43	43	53	77	88	106	113
New York	17	15	25	26	32	37	44	46
Newark	29	...	24	26	37	43	36	28
Philadelphia	20	16	37	43	46	67	74	97
Phoenix	6	7	9	12	23	24	31	37
St. Louis	7	9	10	7	40	37	40	47
San Diego	13	13	18	21	22	21	27	41
San Francisco	31	21	19	30	31	33	27	25
Seattle	13	16	19	22	47	53	48	87
Washington, D.C.	26	27	35	58	74	55	58	63
National Panel	4	4	5	6	9	9	13	17

... Estimate does not meet standard of precision or is less than 10.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).



**Table 41 - Estimated rate of emergency department methamphetamine/speed mentions per 100,000 population, by metropolitan area by half year: First half 1992 - second half 1997**

**METHAMPHETAMINE/SPEED**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997
<b>TOTAL U.S.</b>	1.1	1.7	1.8	2.5	3.4	4.3	4.2	2.7	1.8	2.9	3.5	3.7
Atlanta	0.4	0.4	...	1.7	1.9	1.9	2.2	3.3	1.5	3.6	3.1	4.7
Baltimore	...	...	...	...	...	...	...	...	...	...	...	...
Boston (NECMA)	...	...	...	...	...	...	...	...	...	...	...	...
Buffalo	...	...	...	...	...	...	...	...	...	...	...	...
Chicago	...	...	0.2	...	...	0.2	0.5	...	0.3	0.2	0.2	0.3
Dallas	1.6	1.4	2.1	...	2.7	3.9	5.3	3.3	2.2	2.6	3.2	3.4
Denver	0.9	1.2	1.9	1.7	3.8	5.8	6.6	5.0	2.9	3.8	9.6	9.1
Detroit	...	...	0.3	0.3	0.3	...	...	...	...	...	...	...
Los Angeles - Long Beach	3.8	6.6	7.5	7.7	8.3	8.9	9.9	5.6	7.0	8.3	7.1	7.5
Miami - Hialeah	...	...	...	...	...	...	...	...	...	...	...	...
Minneapolis - St. Paul	0.6	1.2	0.7	1.2	1.6	1.2	2.5	1.6	2.1	2.5	4.7	...
New Orleans	...	1.1	...	...	...	0.9	...	0.9	0.9	1.0	...	1.4
New York	0.2	...	0.1	...	0.1	...	0.2	...	...	0.2	0.2	...
Newark	...	...	...	...	...	...	...	...	...	...	...	...
Philadelphia	1.8	1.4	1.3	1.1	1.3	0.7	0.5	1.4	0.4	1.0	1.2	0.9
Phoenix	6.1	8.4	11.8	12.9	19.4	22.1	23.0	16.3	19.9	16.4	22.9	16.7
St. Louis	...	...	0.4	0.8	1.2	1.1	2.5	0.8	...	1.0	1.0	1.8
San Diego	18.2	22.8	18.5	22.2	21.2	18.5	17.9	11.7	12.4	16.1	17.7	23.6
San Francisco	21.8	24.0	35.5	29.8	31.2	51.1	40.4	31.3	25.9	33.9	30.8	33.4
Seattle	2.0	3.5	4.5	5.1	6.9	9.3	9.7	4.2	3.8	6.5	11.2	14.0
Washington, D.C.	...	...	...	...	...	0.9	...	0.3	...	...	...	...
National Panel	...	1.3	1.3	2.1	3.2	4.1	4.0	2.5	1.3	2.5	3.2	3.5

... Estimate does not meet standard of precision or is less than 10.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 42 - Estimated rate of emergency department methamphetamine/speed mentions per 100,000 population, by metropolitan area by year: 1990-1997**

**METHAMPHETAMINE/SPEED**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997
<b>TOTAL U.S.</b>	2.4	2.2	2.9	4.3	7.7	6.8	4.7	7.2
Atlanta	3.8	1.5	0.8	2.1	3.8	5.5	5.0	7.9
Baltimore	0.5	...	...	...	...	...	...	...
Boston (NECMA)	0.4	0.4	0.3	0.4	...	...	...	0.4
Buffalo	...	...	...	...	...	...	...	...
Chicago	0.5	0.3	0.2	0.4	0.4	0.6	0.5	0.5
Dallas	7.0	4.3	2.9	3.4	6.6	8.6	4.8	6.6
Denver	5.2	2.6	2.1	3.7	9.6	11.5	6.8	18.7
Detroit	0.6	0.7	0.2	0.6	0.4	0.4	...	...
Los Angeles - Long Beach	5.6	6.4	10.3	15.2	17.2	15.6	15.3	14.7
Miami - Hialeah	...	...	...	...	...	...	...	0.5
Minneapolis - St. Paul	2.0	1.0	1.9	1.9	2.8	4.1	4.7	9.3
New Orleans	3.9	3.6	1.6	0.9	1.0	1.5	1.9	2.2
New York	0.3	0.2	0.3	0.2	0.3	0.3	0.3	0.4
Newark	...	...	0.7	...	...	...	...	...
Philadelphia	1.9	2.1	3.2	2.4	2.0	2.0	1.4	2.2
Phoenix	9.5	8.6	14.5	24.7	41.5	39.3	36.3	39.6
St. Louis	2.9	1.2	0.7	1.3	2.3	3.3	1.7	2.8
San Diego	34.1	22.9	41.1	40.6	39.7	29.6	28.5	41.3
San Francisco	50.4	56.5	45.8	65.3	82.4	71.7	59.9	64.2
Seattle	3.3	5.0	5.5	9.6	16.2	14.0	10.3	25.2
Washington, D.C.	0.5	0.6	...	0.5	0.9	0.6	0.3	...
National Panel	1.5	1.4	2.0	3.4	7.4	6.5	3.8	6.7

... Estimate does not meet standard of precision or is less than 10.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 43 - Estimated rate of total emergency department visits per 100,000 population, by metropolitan area by half year: First half 1992 - second half 1997**

**TOTAL ED VISITS\*\***

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997
<b>TOTAL U.S.</b>	18,615	19,328	19,049	19,226	19,358	19,566	18,975	19,085	19,323	19,432	18,691	19,020
Atlanta	20,054	20,317	20,911	20,941	20,599	22,258	20,523	21,915	21,028	20,769	18,710	19,595
Baltimore	18,027	18,151	18,512	18,936	18,427	18,756	18,530	18,835	18,999	19,153	18,966	19,134
Boston (NECMA)	24,927	25,193	24,504	25,016	23,166	24,226	22,348	22,423	23,143	24,265	21,517	21,412
Buffalo	19,109	19,690	18,282	18,622	17,473	18,284	16,356	16,421	15,715	16,002	14,096	14,498
Chicago	19,538	20,028	18,230	18,477	18,907	19,127	19,247	19,664	19,081	19,189	18,447	19,298
Dallas	15,979	16,780	16,731	17,390	17,493	17,757	17,608	18,014	17,478	17,455	18,636	18,080
Denver	15,372	16,229	16,270	16,087	14,822	14,881	14,951	15,476	14,967	13,962	13,875	14,241
Detroit	18,507	19,042	19,026	19,589	17,750	17,404	18,264	18,402	17,928	18,884	17,320	17,006
Los Angeles - Long Beach	13,985	14,662	15,048	14,843	14,282	14,939	13,619	13,654	14,243	13,931	12,791	13,888
Miami - Hialeah	15,495	16,207	15,920	15,796	16,982	16,541	16,955	17,034	17,221	16,909	17,590	18,056
Minneapolis - St. Paul	13,645	14,152	13,624	14,229	12,029	12,642	14,671	15,058	14,939	14,827	14,347	14,783
New Orleans	22,332	23,721	23,820	22,940	24,445	24,719	24,773	24,708	25,349	25,960	24,074	24,405
New York	20,331	20,656	20,260	20,004	20,537	21,332	19,800	19,668	22,413	21,854	21,014	20,450
Newark	17,904	18,680	20,123	19,144	19,358	20,173	20,059	20,387	18,969	19,776	18,136	18,394
Philadelphia	20,161	20,797	19,323	19,545	17,785	17,930	18,133	18,060	17,791	17,994	17,280	17,697
Phoenix	16,224	16,483	17,491	15,614	16,492	16,448	17,664	17,765	19,294	17,314	17,270	16,889
St. Louis	16,894	18,348	19,471	20,028	20,269	20,020	19,187	18,614	19,184	18,668	17,433	18,342
San Diego	13,372	13,739	13,879	13,125	11,516	11,115	10,534	11,210	12,488	12,110	12,362	12,445
San Francisco	18,398	17,738	20,372	18,422	18,855	18,991	15,482	15,730	16,199	15,531	15,182	15,220
Seattle	17,032	18,913	19,836	18,138	19,197	18,855	14,984	15,578	16,465	15,329	14,919	15,656
Washington, D.C.	14,446	14,595	15,636	16,036	16,046	16,508	15,743	15,980	14,326	14,741	14,179	14,237
National Panel	18,922	19,703	19,333	19,609	19,936	20,077	19,514	19,591	19,800	19,984	19,287	19,637

\*\* DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) annual survey.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 44 - Estimated rate of total emergency department visits per 100,000 population, by metropolitan area by year: 1990-1997**

**TOTAL ED VISITS\*\***

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997
<b>TOTAL U.S.</b>	37,113	37,574	37,945	38,275	38,924	38,060	38,756	37,713
Atlanta	40,724	41,319	40,371	41,852	42,862	42,441	41,796	38,307
Baltimore	35,739	37,172	36,178	37,448	37,184	37,365	38,153	38,101
Boston (NECMA)	48,549	48,702	50,120	49,521	47,395	44,772	47,412	42,929
Buffalo	37,747	37,982	38,800	36,905	35,759	32,776	31,718	28,595
Chicago	39,552	38,181	39,567	36,707	38,034	38,911	38,270	37,747
Dallas	32,459	31,570	32,761	34,123	35,251	35,623	34,933	36,715
Denver	29,671	29,052	31,604	32,356	29,703	30,429	28,926	28,117
Detroit	39,597	38,328	37,550	38,616	35,153	36,666	36,815	34,325
Los Angeles - Long Beach	29,694	29,015	28,649	29,890	29,223	27,273	28,173	26,682
Miami - Hialeah	30,544	32,574	31,704	31,715	33,521	33,990	34,129	35,648
Minneapolis - St. Paul	28,058	29,580	27,799	27,854	24,673	29,731	29,766	29,131
New Orleans	45,686	45,225	46,057	46,757	49,165	49,481	51,311	48,480
New York	43,829	41,282	40,988	40,263	41,871	39,468	44,265	41,462
Newark	45,569	38,178	36,586	39,264	39,533	40,447	38,747	36,530
Philadelphia	42,513	38,991	40,960	38,868	35,715	36,193	35,786	34,979
Phoenix	28,774	31,496	32,707	33,100	32,940	35,430	36,602	34,158
St. Louis	35,738	38,980	35,247	39,501	40,288	37,800	37,850	35,778
San Diego	26,702	27,247	27,112	27,002	22,629	21,745	24,597	24,807
San Francisco	37,701	37,542	36,134	38,788	37,846	31,213	31,728	30,402
Seattle	33,936	35,475	35,950	37,969	38,051	30,563	31,790	30,577
Washington, D.C.	31,476	30,818	29,042	31,673	32,555	31,723	29,068	28,416
National Panel	37,174	38,079	38,627	38,943	40,014	39,105	39,784	38,926

\*\* DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) annual survey.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 45 - Estimated rate of emergency department drug episodes per 100,000 population by age, sex:  
First half 1992 - second half 1997**

**DRUG EPISODES**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997
<b>TOTAL U.S.**</b>	95	96	101	100	110	115	117	104	107	111	112	110
Age 6-34	129	128	135	131	147	154	153	134	139	142	144	140
Age 12-17	122	106	130	109	147	133	148	127	150	136	147	125
Age 18-25	176	170	180	175	194	208	196	179	174	184	192	189
Age 26-34	170	182	183	188	198	218	217	186	194	202	198	202
Age 35+	64	67	69	73	76	80	85	78	80	85	84	84
Male	98	102	102	107	114	123	121	107	109	118	119	116
Female	90	89	98	92	105	105	110	99	104	103	103	102

\*\*\* Total includes patients whose sex or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 46 - Estimated rate of emergency department drug episodes per 100,000 population by age, sex: 1990-1997**

**DRUG EPISODES**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997
<b>TOTAL U.S.**</b>	167	176	191	201	225	221	219	222
Age 6-34	234	241	256	266	300	287	281	284
Age 12-17	247	236	228	238	280	275	286	272
Age 18-25	319	327	345	356	402	375	358	381
Age 26-34	292	317	353	371	416	403	396	400
Age 35+	103	113	131	142	156	162	165	168
Male	162	175	201	209	237	228	227	235
Female	169	173	179	190	210	210	207	205

\*\*\* Total includes patients whose sex or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 47 - Estimated rate of emergency department drug mentions per 100,000 population by age, sex:  
First half 1992 - second half 1997**

**DRUG MENTIONS**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997
<b>TOTAL U.S.***</b>	165	167	173	175	191	200	203	184	189	197	200	197
Age 6-34	221	218	229	225	252	261	261	232	239	247	251	248
Age 12-17	192	164	195	172	230	203	230	192	225	207	233	203
Age 18-25	305	293	302	303	332	353	334	311	296	327	337	339
Age 26-34	303	319	327	332	356	385	385	341	356	370	359	369
Age 35+	113	119	121	129	134	145	152	142	146	154	155	154
Male	171	179	176	185	201	215	214	190	194	212	213	210
Female	157	152	167	162	178	182	189	174	180	179	184	182

\*\*\* Total includes patients whose sex or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 48 - Estimated rate of emergency department drug mentions per 100,000 population by age, sex: 1990-1997**

**DRUG MENTIONS**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997
<b>TOTAL U.S.**</b>	287	301	332	348	391	387	386	397
Age 6-34	393	405	439	454	513	493	486	500
Age 12-17	379	361	356	367	433	422	432	436
Age 18-25	533	541	598	606	685	645	623	676
Age 26-34	513	559	622	659	740	727	726	728
Age 35+	182	202	232	250	279	294	299	309
Male	282	302	350	361	416	405	407	423
Female	284	296	309	329	360	364	358	366

\*\*\* Total includes patients whose sex or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).



**Table 49 - Estimated rate of emergency department cocaine mentions, per 100,000 population by age, sex: First half 1992 - second half 1997**

**COCAINE**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997
<b>TOTAL U.S.**</b>	26	27	27	27	30	32	32	27	31	34	33	35
Age 6-34	35	37	35	35	39	43	40	32	37	40	39	41
Age 12-17	4	4	3	5	5	4	5	4	6	6	9	7
Age 18-25	43	43	40	40	42	49	42	34	37	43	45	47
Age 26-34	67	72	71	70	80	87	85	69	80	87	80	85
Age 35+	17	19	19	20	22	23	24	22	25	29	28	29
Male	35	38	37	38	41	45	43	37	41	48	45	47
Female	16	17	17	17	19	19	20	17	20	21	21	22

\*\*\* Total includes patients whose sex or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 50 - Estimated rate of emergency department cocaine mentions per 100,000 population by age, sex: 1990-1997**

**COCAINE**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997
<b>TOTAL U.S.**</b>	36	45	53	54	62	58	65	68
Age 6-34	53	65	72	71	81	72	77	80
Age 12-17	9	11	8	8	10	9	12	16
Age 18-25	68	77	86	80	91	76	80	92
Age 26-34	93	121	139	141	166	154	167	165
Age 35+	20	27	35	39	44	46	54	57
Male	49	62	74	75	87	80	89	92
Female	24	29	33	34	38	37	41	44

\*\*\* Total includes patients whose sex or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 51 - Estimated rate of emergency department heroin/morphine mentions per 100,000 population by age, sex: First half 1992 - second half 1997**

**HEROIN/MORPHINE**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997
<b>TOTAL U.S.**</b>	10	12	14	14	13	15	15	15	15	16	15	15
Age 6-34	9	12	13	14	13	15	15	15	14	15	15	15
Age 12-17	1	1	1	1	...	1	1	1	1	2	2	4
Age 18-25	10	11	14	15	14	16	15	16	16	18	18	18
Age 26-34	19	24	28	28	27	32	33	31	30	32	30	30
Age 35+	10	12	13	14	13	14	16	16	16	17	15	16
Male	14	18	20	21	18	21	22	22	21	23	21	21
Female	5	6	8	8	8	9	9	9	9	10	9	10

... Estimate does not meet standard of precision or is less than 10.

\*\*\* Total includes patients whose sex or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 52 - Estimated rate of emergency department heroin/morphine mentions per 100,000 population by age, sex: 1990-1997**

**HEROIN/MORPHINE**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997
<b>TOTAL U.S.**</b>	15	16	21	28	28	30	31	30
Age 6-34	17	17	21	27	28	30	30	30
Age 12-17	1	1	1	1	2	2	3	6
Age 18-25	16	17	21	29	30	31	34	36
Age 26-34	34	35	43	57	60	64	63	59
Age 35+	14	15	22	28	27	31	33	31
Male	21	22	32	40	40	44	44	42
Female	9	10	11	15	16	17	19	19

\*\*\* Total includes patients whose sex or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 53 - Estimated rate of emergency department marijuana/hashish mentions per 100,000 population by age, sex: First half 1992 - second half 1997**

**MARIJUANA/HASHISH**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997
<b>TOTAL U.S.**</b>	5	6	6	7	8	9	11	9	11	12	14	14
Age 6-34	9	9	10	11	14	16	17	15	18	21	22	22
Age 12-17	8	7	9	11	15	15	18	18	20	25	26	23
Age 18-25	14	16	16	19	23	27	28	26	26	31	36	34
Age 26-34	10	11	12	12	14	17	19	16	21	23	22	27
Age 35+	2	2	2	3	3	3	4	4	5	5	7	6
Male	8	8	9	10	12	13	15	13	15	18	19	19
Female	3	3	3	4	5	5	6	5	7	7	8	9

\*\*\* Total includes patients whose sex or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 54 - Estimated rate of emergency department marijuana/hashish mentions per 100,000 population by age, sex: 1990-1997**

**MARIJUANA/HASHISH**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997
<b>TOTAL U.S.**</b>	7	7	11	13	18	20	23	27
Age 6-34	12	12	18	21	29	33	38	44
Age 12-17	11	11	15	20	30	36	45	49
Age 18-25	20	20	30	35	50	54	57	71
Age 26-34	15	14	21	25	32	35	44	49
Age 35+	2	3	4	5	7	8	10	13
Male	10	11	16	18	25	28	32	38
Female	4	4	6	7	10	11	14	17

\*\*\* Total includes patients whose sex or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 55 - Estimated rate of emergency department methamphetamine/speed mentions per 100,000 population by age, sex: First half 1992 - second half 1997**

**METHAMPHETAMINE/SPEED**

	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997
<b>TOTAL U.S.**</b>	1	2	2	3	3	4	4	3	2	3	4	4
Age 6-34	2	3	3	4	6	7	7	4	3	4	5	6
Age 12-17	...	2	1	2	4	5	5	2	1	3	...	4
Age 18-25	2	4	6	6	8	11	10	7	6	7	8	9
Age 26-34	3	4	4	6	8	8	9	6	4	5	8	9
Age 35+	0	1	1	1	1	2	2	1	1	2	2	2
Male	1	3	3	4	5	6	6	4	2	4	5	5
Female	1	1	1	2	2	3	3	2	1	2	2	2

... Estimate does not meet standard of precision or is less than 10.

\*\*\* Total includes patients whose sex or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).

**Table 56 - Estimated rate of emergency department  
methamphetamine/speed mentions per 100,000 population by age, sex:  
1990-1997**

**METHAMPHETAMINE/SPEED**

	Total 1990	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997
<b>TOTAL U.S.**</b>	2	2	3	4	8	7	5	7
Age 6-34	4	3	5	7	12	11	7	12
Age 12-17	4	2	3	3	9	7	5	8
Age 18-25	6	5	6	12	20	17	14	17
Age 26-34	5	5	7	10	16	15	9	17
Age 35+	1	1	1	2	4	3	3	4
Male	3	3	4	6	10	9	6	10
Female	2	2	2	3	5	5	3	5

\*\*\* Total includes patients whose sex or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1998 data file).